COUNTY OF LOS ANGELES
Public Health

Acute Communicable Disease Control
313 N. Figueroa St Rm. 212
Los Angeles, CA 90012
(213) 240-7941

Seafood Poisonings

Check the disease that is being reported:

☐ Scombroid Fish Poisoning ☐ Ciguatera Fish Poisoning
☐ Domoic Acid Poisoning ☐ Paralytic Shellfish Poisoning
☐ Other _____

REPORT SOURCE

Reporting source (check all that apply) Create date ___/___/___
☐ Lab ☐ Hospital ☐ Provider ☐ Public health agency ☐ Other

Reporter name _____
Reporter phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone _____

Birth date ___/___/___ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one)
☐ Native American ☐ African-American / Black ☐ Asian / Pacific Islander ☐ White ☐ Other _____

If Asian / Pacific Islander, please check one:
☐ Asian Indian ☐ Japanese ☐ Cambodian ☐ Korean ☐ Chinese ☐ Lao ☐ Filipino ☐ Samoan ☐ Hawaiian
☐ Other _____

CLINICAL INFORMATION

Onset date: ___/___/___ Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y	N	DK	NA	
☐	☐	☐	☐	Nausea
☐	☐	☐	☐	Vomiting
☐	☐	☐	☐	Diarrhea Maximum # of stools in 24 hours: ____
☐	☐	☐	☐	Flushing or redness
☐	☐	☐	☐	Headache
☐	☐	☐	☐	Rash or hives
☐	☐	☐	☐	Itching
☐	☐	☐	☐	Mouth tingling or numbness
☐	☐	☐	☐	Breathing difficulty or shortness of breath
☐	☐	☐	☐	Weakness
☐	☐	☐	☐	Extremities numb or tingling
☐	☐	☐	☐	Swallowing or speech difficulty
☐	☐	☐	☐	Eyelids drooping (ptosis)
☐	☐	☐	☐	Vision blurred or doubled

Clinical Findings

Y	N	DK	NA	
☐	☐	☐	☐	Ataxia
☐	☐	☐	☐	Cranial nerve abnormalities (bulbar weakness)
				Specify _____
				_____
☐	☐	☐	☐	Paralysis or weakness
				☐ Acute flaccid paralysis ☐ Asymmetric
				☐ Symmetric ☐ Ascending ☐ Descending
☐	☐	☐	☐	Respiratory distress
☐	☐	☐	☐	Respiratory failure
☐	☐	☐	☐	Abnormal liver function
☐	☐	☐	☐	Reversal of hot and cold sensation
☐	☐	☐	☐	Confusion, disorientation or memory loss
☐	☐	☐	☐	Admitted to intensive care unit
☐	☐	☐	☐	Intubated or on ventilator during hospitalization

Hospitalization

Y	N	DK	NA	
☐	☐	☐	☐	Hospitalized for this illness

Hospital name _____
Admit date ___/___/___ Discharge date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	Died from illness Death date ___/___/___

Laboratory Collection date ___/___/___

Specimen type: ☐ Food ☐ Stool ☐ Blood ☐ Unk
☐ Other _____

Toxin identified? _____

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____
_____
_____

Y N DK NA

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**

☐ **Patient could not be interviewed**
☐ **No risk factors or exposures could be identified**

PUBLIC HEALTH ACTIONS

☐ Notify others sharing exposure
☐ Notify EHS – Food & Milk
☐ Initiate trace-back investigation
☐ Close local beaches
☐ Other, specify: _____

Seafood consumption in the 4 days prior to onset

Y	N	DK	NA	Raw	
☐	☐	☐	☐	☐	**Tuna**
☐	☐	☐	☐	☐	**Albacore**
☐	☐	☐	☐	☐	**Mahi-mahi**
☐	☐	☐	☐	☐	**Sardines**
☐	☐	☐	☐	☐	**Mackerel**
☐	☐	☐	☐	☐	**Snapper**
☐	☐	☐	☐	☐	**Yellowtail**
☐	☐	☐	☐	☐	**Puffer fish (fugu)**
☐	☐	☐	☐	☐	**Other fish**
☐	☐	☐	☐	☐	**Oysters**
☐	☐	☐	☐	☐	**Clams**
☐	☐	☐	☐	☐	**Mussels**
☐	☐	☐	☐	☐	**Scallops**
☐	☐	☐	☐	☐	**Abalone**
☐	☐	☐	☐	☐	**Other shellfish**
☐	☐	☐	☐		Known contaminated food product
☐	☐	☐	☐		Other food from restaurants

Restaurant name/location: _____
_____

SEAFOOD INVESTIGATION

For each seafood ingestion investigated, please complete as many of the following questions as possible. (Append extra copies of this section if more than one seafood type was ingested and investigated.)

Type of seafood (e.g., clams): _____ Amount consumed: _____

Date consumed ___/___/___ Time consumed _____ ☐am ☐pm

If patient ate multiple seafood items in the 4 days before onset of illness, please note why this seafood was investigated (e.g., consumed raw, implicated in outbreak investigation): _____
_____

How was this fish or seafood prepared?
☐ Raw ☐ Baked ☐ Boiled ☐ Broiled ☐ Fried ☐ Steamed ☐ Unk ☐Other, (specify): _____

Was this seafood imported from another country? Y N DK NA ☐ ☐ ☐ ☐

If YES, specify exporting country if known: _____

Was this fish or shellfish harvested by the patient or a friend of the patient? Y N DK NA ☐ ☐ ☐ ☐

Where was this seafood obtained? (Check one)
☐ Oyster bar or restaurant ☐ Seafood market
☐ Truck or roadside vendor ☐ Other (specify)
☐ Food store _____

Name of restaurant, oyster bar, or food store: _____ Tel: _____

Address: _____
_____
_____

If shellfish were eaten, how were they distributed to the retail outlet?
☐ Shell stock (sold in the shell) ☐ Shucked ☐ Unk.
☐ Other, (specify): _____

Date restaurant or food outlet received seafood: ___/___/___

Was the restaurant or food outlet inspected as part of the investigation? Y N DK NA ☐ ☐ ☐ ☐

Are shipping tags and/or invoices available from the suspect lot? (Attach copies if available) Y N DK NA ☐ ☐ ☐ ☐

Shippers who handled suspected seafood: (please include certification numbers if on tags) _____
_____
_____

Source(s) of seafood: _____
_____
_____

Harvest site:

_____ Date: ___/___/___ ☐ Approved ☐ Conditional ☐ Prohibited ☐ Other (specify): _____

_____ Date: ___/___/___ ☐ Approved ☐ Conditional ☐ Prohibited ☐ Other (specify): _____

_____ Date: ___/___/___ ☐ Approved ☐ Conditional ☐ Prohibited ☐ Other (specify): _____

Was there evidence of improper storage, cross-contamination, or holding temperature at any point? **Y** ☐ **N** ☐ **DK** ☐ **NA** ☐

If YES, specify deficiencies:_____

_____

NOTES

Investigator **Investigation complete date** ___/___/___