



**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      Birth date \_\_\_/\_\_\_/\_\_\_    Age \_\_\_\_\_  
City/State/Zip \_\_\_\_\_      Gender  F  M  Other  Unk  
Phone \_\_\_\_\_

**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

**Hospitalization**

- Y N DK NA**  
    Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_/\_\_\_/\_\_\_      Discharge date \_\_\_/\_\_\_/\_\_\_

- Y N DK NA**  
    Died from illness      Death date \_\_\_/\_\_\_/\_\_\_

**Clinical Findings**

- Y N DK NA**
- Ataxia (loss of motor control)  
    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

**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

**Seafood consumption in the 4 days prior to onset**

Y N DK NA Raw

Tuna  
     Albacore  
     Mahi-mahi (dorado /dolphin fish)  
     Sardines  
     Mackerel  
     Snapper  
     Yellowtail (Ahi)  
     Puffer fish (fugu)  
     Other fish  
     Oysters  
     Clams  
     Mussels  
     Scallops  
     Abalone  
     Other shellfish  
    Known contaminated food product  
    Other food from restaurants (e.g. ceviche)  
 Restaurant name/location: \_\_\_\_\_  
 \_\_\_\_\_

**PUBLIC HEALTH ACTIONS**

Notify others sharing exposure  
 Notify EHS – Outbreak Investigation  
 Initiate trace-back investigation  
 Close local beaches  
 Other, specify: \_\_\_\_\_

**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) <input type="checkbox"/> Oyster bar or restaurant <input type="checkbox"/> Seafood market <input type="checkbox"/> Truck or roadside vendor <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Food store _____	Name of restaurant, oyster bar, or food store: _____ Tel: _____
If shellfish were eaten, how were they distributed to the retail outlet? <input type="checkbox"/> Shell stock (sold in the shell) <input type="checkbox"/> Shucked <input type="checkbox"/> Unk. <input type="checkbox"/> Other, (specify): _____	Address: _____ _____ _____

Date restaurant or food outlet received seafood: ___/___/___	Was the restaurant or food outlet inspected as part of the investigation? <b>Y N DK NA</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Are shipping tags and/or invoices available from the suspect lot? (Attach copies if available) <b>Y N DK NA</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Shippers who handled suspected seafood: (please include certification numbers if on tags) _____ _____ _____
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Source(s) of seafood: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

