



# Non-cholera *Vibrio* Infection Case Report Form

Submit this form and all tags to the BCCDC via email to [ezvbepi@bccdc.ca](mailto:ezvbepi@bccdc.ca) or fax to 604-707-2516.

If case meets criteria for reporting seafood related illness, BCCDC will send deidentified information to the Canadian Food Inspection Agency.

**Interior Health, Island Health, and Northern Health:** Enter all case details into Panorama and include the investigation ID of the client(s) associated with the tags when sending.

**Fraser Health and Vancouver Coastal Health:** If tags are sent separately from the case report form, include information linking tags to the appropriate case.

## PERSON REPORTING

Health authority: <input type="checkbox"/> FHA <input type="checkbox"/> IHA <input type="checkbox"/> ISLH <input type="checkbox"/> NHA <input type="checkbox"/> VCHA	Contact attempts (date & time)	Interview?
Date report received at health unit: <small>YYYY-MM-DD</small>	1.	<input type="checkbox"/>
Name:	2.	<input type="checkbox"/>
Phone:	3.	<input type="checkbox"/>
Email:	4.	<input type="checkbox"/>
Interviewer:	<input type="checkbox"/> Not located	
Interview conducted with: <input type="checkbox"/> Case <input type="checkbox"/> Proxy, specify:		

## A. CLIENT INFORMATION

Name: <small>Last First Middle</small>		
Preferred name:	Date of birth: <small>YYYY-MM-DD</small>	
PHN:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X <input type="checkbox"/> Undifferentiated <input type="checkbox"/> Unknown	
Phone:	Type: <small>(cell/home/work/other)</small>	Phone: Type: <small>(cell/home/work/other)</small>
Address: <small>Unit # Street # Street name</small>		City:
Province:	Postal code:	Email:
Do you wish to self-identify as an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Asked, not provided <input type="checkbox"/> Not asked		
<i>If yes, how do you identify? Select all that apply:</i>	<input type="checkbox"/> First Nations <input type="checkbox"/> Asked, not provided	<input type="checkbox"/> Inuit <input type="checkbox"/> Asked, but unknown <input type="checkbox"/> Not asked
<i>If First Nations, status:</i>	<input type="checkbox"/> Status Indian <input type="checkbox"/> Asked, not provided	<input type="checkbox"/> Non-status Indian <input type="checkbox"/> Asked, but unknown <input type="checkbox"/> Not asked

## B. CLINICAL INFORMATION

Symptom onset: <small>YYYY-MM-DD</small>	Onset time: <small>24hr clock</small>	Duration of symptoms:
Clinical syndrome:	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Wound infection, specify site: _____ <input type="checkbox"/> Ear infection <input type="checkbox"/> Other, specify: _____	

**C. LABORATORY INFORMATION**

Specimen type	Reporting lab	Collection	Test type	Results	Classification
		YYYY-MM-DD	<input type="checkbox"/> PCR <input type="checkbox"/> Culture	<input type="checkbox"/> <i>Vibrio parahaemolyticus</i> <input type="checkbox"/> Other <i>Vibrio</i> , specify species:	<input type="checkbox"/> Probable <input type="checkbox"/> Confirmed
		YYYY-MM-DD	<input type="checkbox"/> PCR <input type="checkbox"/> Culture	<input type="checkbox"/> <i>Vibrio parahaemolyticus</i> <input type="checkbox"/> Other <i>Vibrio</i> , specify species:	<input type="checkbox"/> Probable <input type="checkbox"/> Confirmed
<b>Confirmed case:</b>	Laboratory confirmation of infection with or without symptoms				
	<ul style="list-style-type: none"> <li>Culture isolation of a <i>Vibrio</i> spp. from an appropriate clinical specimen.</li> </ul>				
<b>Probable case:</b>	Laboratory evidence of infection with or without symptoms				
	<ul style="list-style-type: none"> <li>Detection of <i>Vibrio</i> spp. by PCR from an appropriate clinical specimen.</li> </ul>				

**D. EXPOSURE INFORMATION**

**The exposure period is within 96 hours of onset.**

Travel during exposure period:  Yes  No  Unknown  
 If yes:  Within BC  Outside BC but within Canada  Outside Canada  
 Was travel confirmed as the most likely source of infection?  Yes

Dates	Details (e.g., city, country, hotel or residence, mode of travel, foods brought back)
Departure: YYYY-MM-DD	
Return: YYYY-MM-DD	

**In the 96 hours prior to onset did you:**

Exposures	Response	Details
Eat bivalve shellfish?*( e.g., mussels, clams, oysters, scallops, cockles)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Eat other shellfish?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Have contact with ocean or sea water?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Have other exposures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

\*Bivalve shellfish have a shell that consists of two valves hinged at one side.

**Public health assessment of most likely exposure that led to present illness:**

Commercial bivalve   
  Self-harvested bivalve   
  Environmental   
  Travel  
 Other seafood   
  Multiple   
  Unknown/lost to follow up

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**If consumed bivalve shellfish within 96 hours prior to onset (use 1 section per food eaten):**

Type of bivalve: <input type="checkbox"/> Oysters <input type="checkbox"/> Mussels <input type="checkbox"/> Clams <input type="checkbox"/> Scallops <input type="checkbox"/> Other, specify:			
Preparation: <input type="checkbox"/> Raw <input type="checkbox"/> Cooked <input type="checkbox"/> Both raw & cooked		<input type="checkbox"/> Part of platter or sampler	
Preparation details:		Details: (e.g., name of oyster variety)	
Amount consumed:		Date consumed: <small>YYYY-MM-DD</small>	Time consumed: <small>24hr clock</small>
Number of people at meal:		Number of people eating:	Number of people ill:
Source: <input type="checkbox"/> Restaurant <input type="checkbox"/> Store/market		<input type="checkbox"/> Self-harvest	
Name:		Location:	
Address:			
Date purchased: <small>YYYY-MM-DD</small>		Date harvested: <small>YYYY-MM-DD</small>	
Available tag/invoice information: <input type="checkbox"/> Attached <input type="checkbox"/> To follow <input type="checkbox"/> Not available			

**If consumed bivalve shellfish within 96 hours prior to onset (use 1 section per food eaten):**

Type of bivalve: <input type="checkbox"/> Oysters <input type="checkbox"/> Mussels <input type="checkbox"/> Clams <input type="checkbox"/> Scallops <input type="checkbox"/> Other, specify:			
Preparation: <input type="checkbox"/> Raw <input type="checkbox"/> Cooked <input type="checkbox"/> Both raw & cooked		<input type="checkbox"/> Part of platter or sampler	
Preparation details:		Details: (e.g., name of oyster variety)	
Amount consumed:		Date consumed: <small>YYYY-MM-DD</small>	Time consumed: <small>24hr clock</small>
Number of people at meal:		Number of people eating:	Number of people ill:
Source: <input type="checkbox"/> Restaurant <input type="checkbox"/> Store/market		<input type="checkbox"/> Self-harvest	
Name:		Location:	
Address:			
Date purchased: <small>YYYY-MM-DD</small>		Date harvested: <small>YYYY-MM-DD</small>	
Available tag/invoice information: <input type="checkbox"/> Attached <input type="checkbox"/> To follow <input type="checkbox"/> Not available			

Was case aware of risk of illness from shellfish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If yes, where did they find out about the risk?</i> <input type="checkbox"/> Sport fishing guide <input type="checkbox"/> News <input type="checkbox"/> Information poster <input type="checkbox"/> Restaurant warning <input type="checkbox"/> Other, specify:
Indicate if leftover product is available for testing: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Specify details:

**E. INSPECTION & TAG INFORMATION**

Was an inspection of the food service establishment conducted?  Yes  No  
*If no, why was no inspection conducted:*

*If yes, did the inspection find any issues that could have contributed to this illness?\** (e.g., handling, temperature abuse)  Yes  No  Unknown  
*If yes or unknown, specify issues identified:*

**\*If additional issues not related to this investigation are identified, use space in section F to record.**

Do the tags collected represent the shellfish available to the case?  Yes  No  Unknown  
*If yes, specify what tags represent:*  Shellfish consumed by case  
 Shellfish available on date of exposure  Other:

*If no, provide explanation (e.g., missing tags):*

**F. ADDITIONAL DETAILS RELATED TO CASE INVESTIGATION**

**Include date and name or initials with any additional details.**