



Ciguatera Case Report Form V36, March 2013

This form is designed to be filled out electronically and attached to the case in **Merlin**. Please complete the Extended Data screen in Merlin using information collected here.

***Blue fields are REQUIRED**

Merlin case number: _____ County number: _____ Investigator: _____

PROFILE DETAILS

*Last name: _____ First name: _____ Middle: _____

Parent or guardian name: _____

*Gender: Male Female Unk. *Birth (mm/dd/yy): _____ *Race: American Indian/Alaska Native White Asian/Pacific Islander Black Other Unk. *Ethnicity: Hispanic Non-Hispanic Unk. Death (mm/dd/yy): _____

Street address: _____

City: _____ *State: _____ *Zip code: _____ *County: _____

Home phone: _____ Other phone: _____ Emergency phone: _____

CASE INFORMATION

*Imported: Acquired in FL Acquired In US, not in FL Acquired outside US Unk Origin: _____

*Outbreak: Outbreak-associated Sporadic Unk

Outbreak ID: _____ *Case classification: Primary Secondary Unk

Reporter type: _____ Reporter's name: _____

CLINICAL

Case definitions are on the Bureau of Epidemiology internet site: http://www.doh.state.fl.us/disease_ctrl/epi/surv/CaseDefinitions/2013CaseDef_FINAL.pdf

*DX status: Confirmed Probable Suspect Unk Date onset (mm/dd/yy): _____

Follow-up status: Interviewed Investigated, not interviewed Not investigated Lab report date (mm/dd/yy): _____

Final known outcome: Died Ill at time of reporting Recovered Unk Date diagnosis (mm/dd/yy): _____

*Hospitalized: Yes No Unk Date reported to CHD (mm/dd/yy): _____

Prophylaxed: Yes No Unk N/A Date investigation initiated (mm/dd/yy): _____

Did patient visit an emergency department for this illness? Yes No Unk

SENSITIVE EMPLOYMENT/ATTENDANCE INFORMATION

*Day care: No Attendee Staff Unk

Company: _____ Last date attended (mm/dd/yy): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip code: _____

*Occupation: No Food handler Healthcare worker Unk

Company: _____ Last date attended (mm/dd/yy): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip code: _____

PROVIDER INFORMATION

Physician or medical facility name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ Email: _____

If hospitalized, specify dates : _____

SUMMARY OF INTOXICATION

Date the implicated fish was eaten (mm/dd/yyyy): _____ What time was fish eaten (specify AM/PM): _____

When did symptoms begin (mm/dd/yyyy): _____ What time did symptoms begin (specify AM/PM): _____

Type of Fish Consumed: Amberjack Barracuda Grouper Hogfish Mahi-Mahi Snapper Other: _____ Unk.

Where was fish obtained: Restaurant Grocer/Market Recreationally Harvested Friend Other: _____ Unk.

Name of vendor/restaurant : _____ Location : _____

Date the fish was harvested (mm/dd/yyyy): _____ Length of Whole Fish: _____ (Approx. in Inches) Unk.

Weight of Whole Fish: _____ (Approx. in Lbs.) Unk. Location : _____ GPS location: _____

How did the fish taste: Good Foul Unk. Was alcohol consumed while they ate the fish: Yes No Unk.

Part of Fish Consumed : _____

Amount of Fish Consumed : _____ (Approx. Ounces; 3 oz portion = size of check book)

SUMMARY OF INTOXICATION (CONTINUED)

Any left over fish: Yes No Unk.

Was the fish sent for testing for ciguatera: Yes No Unk.

If yes, where: _____

Sent by whom: _____

Are there results: Yes No Unk. What are the fish testing results (Please attach result under case documents): Positive Negative Unk.

Was fish Shared: Yes No Unk.

If others ate fish, please note names and contact information for those people: _____

Number of people that consumed the fish that got sick: _____

REVIEW OF SYMPTOMS

(1) Nausea

(2) Vomiting

(3) Diarrhea

(4) Abdominal Pain

(5) Reversal of Hot and Cold Sensation

(6) Tingling/Numbness in Hands/Feet

(7) Tingling/Numbness in Mouth/Tongue/Teeth

(8) Joint Pain

(9) Muscle Pain

(10) Chest Pain

(11) Slow Heart Rate

(12) Rapid Heart Rate

(13) Itching

(14) Rash

(15) Metallic Taste

(16) Difficulty Breathing

(17) Pain/Difficulty Urinating

(18) Pain during Intercourse

(19) Lack of Sex Drive

(20) Headache

(21) Dizziness

(22) Tremors/Seizures

(23) Visual Difficulties

(24) Loss of Coordination

(25) Difficulty Speaking

(26) Anxiety/Irritability/Depression

(29) Insomnia

Were there other symptoms not listed above that were experienced (please note): _____

Which symptom was the chief complaint: _____

Were there any delayed symptoms: Yes No

If so, which ones? _____

HEALTH AND MEDICAL INFORMATION

Visit Type (i.e.: Inpatient/Outpatient): _____ Admit/visit Date (mm/dd/yy): Discharge Date (mm/dd/yy):

Has a physician diagnosed ciguatera: Yes No Unk. Did patient receive medical treatment: Yes No Unk.

If yes, what was treatment? Mannitol Unk. Other (describe): _____

Where was treatment received (Health Care Facility Name)? _____

Has the patient had ciguatera before? Yes No Unk. If yes, how many years ago did they have ciguatera?

Are there any known allergies or sensitivities? Yes No Unk. If Yes, describe: _____

Was patient recently exposed to insecticides or herbicides? Yes No Unk.

If Yes, what kind: _____

If Yes, where: _____ If yes, date (mm/dd/yy):

Interviewer: _____ Date of Interview (mm/dd/yy):

Additional Comments: _____

Referral Source: _____