**Shellfish Poisoning**

<table>
<thead>
<tr>
<th>Administrative</th>
<th>Demographics</th>
<th>Communications</th>
<th>Clinical Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigator __________________________________________</td>
<td>Age at symptom onset ________</td>
<td>Primary HCP name ___________________________</td>
<td>Complainant ill [Y N Unk]</td>
</tr>
<tr>
<td>LHJ Case ID (optional) __________________________________</td>
<td>Years __</td>
<td>Phone ___________________________</td>
<td>Symptom Onset <strong>/</strong>/____</td>
</tr>
<tr>
<td>LHJ notification date <em><strong>/</strong></em>/___</td>
<td>Months ___</td>
<td>OK to talk to patient (If Later, provide date) [Y N Later <em><strong>/</strong></em>/____ Never]</td>
<td>Derived Diagnosis date <strong>/</strong>/___</td>
</tr>
<tr>
<td>Classification [ ] Classification pending</td>
<td>Race ________</td>
<td>Date of interview attempt <em><strong>/</strong></em>/___</td>
<td>Illness duration ________</td>
</tr>
<tr>
<td>[ ] Confirmed</td>
<td>(check all that apply) [ ] Unk</td>
<td>[ ] Complete</td>
<td>Days ___</td>
</tr>
<tr>
<td>[ ] Not reportable</td>
<td>[ ] Amer Ind/AK Native</td>
<td>[ ] Partial</td>
<td>Weeks ___</td>
</tr>
<tr>
<td>[ ] Probable</td>
<td>[ ] Asian</td>
<td>[ ] Unable to reach</td>
<td>Months ___</td>
</tr>
<tr>
<td>[ ] Ruled out</td>
<td>[ ] Black/African Amer</td>
<td>[ ] Patient could not be interviewed</td>
<td>Years ___</td>
</tr>
<tr>
<td>[ ] Suspect</td>
<td>[ ] Native HI/other PI</td>
<td></td>
<td>Illness is still ongoing [Y N Unk]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Disease type [ ] Paralytic Shellfish Poisoning (PSP)</td>
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<td></td>
<td></td>
<td></td>
<td>[ ] Domoic Acid Shellfish Poisoning (DASP)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Diarrhetic Shellfish Poisoning (DSP)</td>
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**Clinical Features**

- Y N Unk
  - Vomiting, diarrhea, and cramps within 24 hours of shellfish ingestion
  - Diarrhea (3 or more loose stools within a 24 hour period)
  - Diarrhea or other gastrointestinal symptom within 0.5-36 hours of shellfish consumption
  - Abdominal pain or cramps
  - Neurologic symptoms (e.g. paresthesia, ataxia, cranial nerve abnormalities, paralysis) within minutes to hours of shellfish consumption
  - Bulbar weakness (cranial nerve abnormalities)
  - Ptosis (drooping eyelids)
  - Blurred or double vision
  - Swallowing or speech difficulty
  - Dysphonia

Shellfish Poisoning required variables are in **bold**. Answers are: Yes, No, Unknown to case

DOH 210-040(Rev. 11/2019)
Mouth tingling or numbness
Paralysis or weakness
Ascending
Descending
Asymmetric
Symmetric
Acute
Ataxia
Extremities numb
Excessive respiratory secretions
Dyspnea (shortness of breath)
Respiratory failure
Cardiac arrhythmias, ECG abnormalities
Confusion
Memory loss
Seizure new with disease
Coma

Hospitalization

Y   N   Unk
Hospitalized at least overnight for this illness
Facility name

Discharge date
HRN

Disposition
Another acute care hospital
Non-healthcare (home)

Admitted to ICU
Mechanical ventilation or intubation required
Still hospitalized

Y   N   Unk

Discharged from ICU

Y   N   Unk

Died of this illness
Autopsy performed

Death date

Location of death

RISK AND RESPONSE (Ask about exposures .5-36 hours before symptom onset)

Travel

Travel out of

Setting 1

Setting 2

Setting 3

Destination name

Start and end dates

Risk and Exposure Information

Y   N   Unk

Is case a recent foreign arrival (e.g., immigrant, refugee, adoptee, visitor)

Does the case know anyone sharing shellfish with similar symptoms or illness

Bivalve shellfish (oysters, clams, mussels, etc.)

Exposure and Transmission Summary

Y   N   Unk

Epidemiologic link to a confirmed human case

Likely geographic region of exposure

In Washington – county

Not in US - country

Unk

International travel related

Suspected exposure type

Foodborne

Describe

Suspected exposure setting

Category

Describe
Exposure summary

Public Health Issues
- Y    N   Unk
  - Notify others sharing exposure

Public Health Interventions/Actions
- Y    N   Unk
  - Commercial product implicated
  - Initiate trace-back investigation
  - Source (business name, telephone, product)
  - Letter sent Date ___/___/___ Batch date ___/___/___
  - Any other public health action

NOTES

LAB RESULTS
- Lab report information
  - Lab report reviewed – LHJ
  - WDRS user-entered lab report note

  Submitter ________________________________
  Performing lab for entire report ________________________________
  Referring lab ________________________________

  Specimen
  - Specimen identifier/accession number ________________________________
  - Specimen collection date ___/___/___ Specimen received date ___/___/___
  - WDRS specimen type ________________________________
  - WDRS specimen source site ________________________________
  - WDRS specimen reject reason ________________________________

  Test performed and result
  - WDRS test performed ________________________________
  - WDRS test result, coded ________________________________
    WDRS test result, comparator ________________________________
    WDRS result, numeric only (enter only if given, including as necessary Comparator and Unit of measure) ______
    WDRS unit of measure ________________________________
    Test method ________________________________
    WDRS interpretation code ________________________________

  Test result – Other, specify
  - WDRS result summary
    - Positive  [ ] Negative  [ ] Indeterminate  [ ] Equivocal  [ ] Test not performed  [ ] Pending

  Test result status
    - Final results; Can only be changed with a corrected result
      - Preliminary results
      - Record coming over is a correction and thus replaces a final result
      - Results cannot be obtained for this observation
      - Specimen in lab; results pending

  Result date ___/___/___

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Ordering Provider
- WDRS ordering provider ________________________________

Ordering facility
- WDRS ordering facility name ________________________________