



**Confidential when completed**

This form is intended to capture the exposure information related to cases of non-cholera *Vibrio* infection.  
**Send all pages of completed forms and tags to BCCDC ([ezvbepi@bccdc.ca](mailto:ezvbepi@bccdc.ca) or fax: 604-707-2516)**

PERSON REPORTING	
Health Authority:	<input type="checkbox"/> FHA <input type="checkbox"/> IHA <input type="checkbox"/> VIHA <input type="checkbox"/> NHA <input type="checkbox"/> VCH
Name:	<small>Last</small> _____ <small>First</small> _____
Phone:	( ) - ext.
Email:	
Date case report form completed:	YYYY / MM / DD

Date Report Received at HA (YYYY/MM/DD): \_\_\_\_\_

Contact attempts (date and time)	Interview?
1.	<input type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
4.	<input type="checkbox"/>

Interviewer:  Not located

**A. CLIENT INFORMATION**

Name: <small>Last</small> _____ <small>First</small> _____ <small>Middle</small> _____		
PHN:	Date of birth: YYYY / MM / DD	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home address: <small>Unit #</small> _____ <small>Street #</small> _____ <small>Street Name</small> _____		City: _____
Postal code: _____	Province: _____	Phone number (home/office/cell): ( ) - ext.

**B. ABORIGINAL INFORMATION**

Do you wish to self-identify as an Aboriginal Person?  Asked, not provided  No  
 Not asked  Yes

Aboriginal Identity:  Asked, but unknown  Asked, not provided  First Nations  
 First Nations and Inuit  First Nations and Métis  First Nations, Inuit and Métis  Inuit  
 Inuit and Métis  Métis  Not asked

First Nations Status:  Asked, but unknown  Asked, not provided  Non-Status Indian  
 Not Asked  Status Indian

**C. CLINICAL INFORMATION**

Date of onset: \_\_\_\_\_ Onset time: \_\_\_\_\_ AM / PM Duration of Symptoms: \_\_\_\_\_  
YYYY / MM / DD

Clinical syndrome:  Gastrointestinal  Wound infection, *specify site:* \_\_\_\_\_  
 Ear infection  Other, *specify:* \_\_\_\_\_



**D. LABORATORY INFORMATION**

Specimen Type	Reporting Lab	Collection Date	Test Type	Result	Case 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

**Confirmed Case:**

- Laboratory confirmation of infection with or without symptoms:
  - Culture isolation of *Vibrio* spp. from an appropriate clinical specimen.

**Probable Case:**

- Laboratory evidence of infection with or without symptoms:
  - Detection of *Vibrio* spp. by PCR from an appropriate clinical specimen.

**E. EXPOSURES**

**Travel within 96 hours prior to onset:**

Travel during exposure period:  Yes  No  U If Yes:  within BC  outside BC but within Canada  outside Canada

Was travel confirmed as the most likely source of infection?  Yes

Dates: DEPARTURE	Dates: RETURN	Locations (e.g., city, prove/state, country, hotel/resort)
YYYY/MM/DD	YYYY/MM/DD	

**Exposures within 96 hours prior to onset:**

Bivalve shellfish\*:  Yes  No  Unknown \_\_\_\_\_  
 Other shellfish:  Yes  No  Unknown Specify: \_\_\_\_\_  
 Ocean/sea water:  Yes  No  Unknown Details: \_\_\_\_\_  
 Other:  Yes  No  Unknown Specify: \_\_\_\_\_

\* Bivalve shellfish have a shell that consists of two valves hinged at one side (e.g., mussels, clams, oysters, scallops, cockles).

**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

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

Type and amount consumed	Number of people ill	Preparation	Date and time consumed	Source	Available tag/invoice Information:
<b>Type of bivalve:</b> <input type="checkbox"/> Oysters <input type="checkbox"/> Mussels <input type="checkbox"/> Clams <input type="checkbox"/> Scallops <input type="checkbox"/> Other, specify: _____  <b>Amount Consumed:</b>  <b>Details</b> (e.g. name of oyster variety):  <input type="checkbox"/> Tick if Platter/sampler	<b># of people at meal:</b>   <b># of people eating:</b>   <b># of people ill:</b>	<input type="checkbox"/> Raw <input type="checkbox"/> Cooked <input type="checkbox"/> Both raw and cooked  <b>Details:</b>	_____ YYYY/MM/DD  24 hour clock	<input type="checkbox"/> Restaurant <input type="checkbox"/> Store/Market  <b>Name:</b>  <b>Address:</b>  <b>Date purchased:</b> (YYYY/MM/DD)  <input type="checkbox"/> Self-harvest  <b>Location:</b>  <b>Date harvested:</b> (YYYY/MM/DD)	<input type="checkbox"/> Attached <input type="checkbox"/> To follow <input type="checkbox"/> Not available





**G. NOTIFICATION**

All Health Authorities except Vancouver Coastal Health & Fraser Health: Enter all case details into Panorama.  
**Vancouver Coastal Health & Fraser Health:** Fax or email ALL PAGES of completed form to BCCDC Enteric Epi (604) 707-2516, [ezvbepi@bccdc.ca](mailto:ezvbepi@bccdc.ca).

***If bivalve shellfish purchased from a restaurant or store in British Columbia was consumed:***

1. **Fax or email tags to:** Enteric Epi, BCCDC (604) 707-2516, [ezvbepi@bccdc.ca](mailto:ezvbepi@bccdc.ca). Please include the Panorama Investigation ID of the client(s) associated with the tags when faxing the tags (VCH & FHA: if the tags are faxed separately from the case report form, please include information to link the tags to the appropriate case).
2. **BCCDC will use criteria for reporting shellfish related illness to CFIA and send only page 1 to CFIA if criteria are met.**

**H. Additional Details Related to Case Investigation**

Date	Comment	Initials