State of California - Health and Human Services Agency

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Infectious Diseases Branch
Surveillance and Statistics Section
MS 7306, P.O. Box 997377
Sacramento, CA 95899-7377

CDC CHOLERA AND OTHER *VIBRIO* ILLNESS SEAFOOD INVESTIGATION REPORT FORM

(Section IV of COVIS, CDC 52.79)

Local ID or CalREDIE Incident Number:

Please use the same ID Number on preliminary and final reports associated with Cholera and Other Vibrio Illness Case Report to allow linkage to the same incident and same patient.

Report Status (select one)

◯ Preliminary ◯ Final

This form should be used to report seafood investigations associated with Cholera and other *Vibrio* illness.

To report seafood investigations associated with Cholera and other *Vibrio* illness:

- CalREDIE jurisdictions: Scan this cover page and the completed seafood investigation form and upload into the Electronic Filing Cabinet for the corresponding CalREDIE cholera or *Vibrio* incident.
- Non-CalREDIE jurisdictions: Once the CDPH 8587 (Cholera and Other *Vibrio* Illness Case Report) is completed, submit to the Surveillance & Statistics Section by mail through your communicable disease reporting staff. When the seafood investigation is completed by Environmental Health, submit a duplicate copy of the corresponding CDPH 8587 form, the completed cover page and seafood investigation form to Surveillance and Statistics Section.

If you have any questions, please contact IDB-SSS at IDB-SSS@cdph.ca.gov.

State: Age: Sex:

IV. SEAFOOD INVESTIGATION SECTION

Vibrio species: _____

For each seafood ingestion investigated, please complete as many of the following questions as possible.
(Include additional pages section IV if more than one seafood type was ingested and investigated.)

1. Type of seafood (e.g., clams): _____ (1464-1480)

Date consumed: Mo. Day Yr. (1481-1486)

Time consumed: Hour Min. (1487-8) (1489-90) ☐ am (1) ☐ pm (2) (1491)

Reset #1

Amount consumed: _____ (1492-1512)

If patient ate multiple seafoods in the 7 days before onset of illness, please note why this seafood was investigated (e.g.,consumed raw, implicated in outbreak investigation):

_____

2. How was this fish or seafood prepared? Reset #2

☐ Raw (1) ☐ Baked (2) ☐ Boiled (3) ☐ Broiled (4) ☐ Fried (5) ☐ Steamed (6) ☐ Unk. (9) ☐ Other (8) (specify): _____ (1514-1530)

3. Was seafood imported from another country? Reset #3 Yes (1) ☐ No (2) ☐ Unk. (9) ☐ (1531)

If YES, specify exporting country if known: _____ (1532-1554)

4. Was this fish or shellfish harvested by the patient or a friend of the patient? Yes (1) ☐ No (2) ☐ Unk. (9) ☐ (1555) (If YES, go to question 12.) Reset #4

5. Where was this seafood obtained? (1556) (Check one)

☐ Oyster bar or restaurant (1) ☐ Seafood market (4) ☐ Unk. (9)
☐ Truck or roadside vendor (2) ☐ Other (8)
☐ Food store (3) (specify): _____ (1557-1590)

6. Name of restaurant, oyster bar, or food store: _____ Tel.:

Address:

7. If oysters, clams, or mussels were eaten, how were they distributed to the retail outlet? (1591)

☐ Shellstock (sold in the shell) (1) ☐ Shucked (2) ☐ Unk. (9) ☐ Other (8) (specify): _____ (1592-1610)

8. Date restaurant or food outlet received seafood: Mo. Day Yr. (1611-1616)

9. Was this restaurant or food outlet inspected as part of this investigation? Yes (1) ☐ No (2) ☐ Unk. (9) ☐ (1617)

10. Are shipping tags available from the suspect lot? (1618) Yes (1) ☐ No (2) ☐ Unk. (9) ☐

(Attach copies if available)

11. Shippers who handled suspected seafood: (please include certification numbers if on tags)

_____

_____

12. Source(s) of seafood:

_____

_____

13. Harvest site:

_____ (1619-1639) **Date:** Mo. Day Yr. (1640-1645) **Status:** (1646) ☐ Approved (1) ☐ Prohibited (2) ☐ Conditional (3) ☐ Other (8) (specify): _____ (1647-1666)

_____ (1667-1687) Mo. Day Yr. (1688-1693) (1694) ☐ Approved (1) ☐ Prohibited (2) ☐ Conditional (3) ☐ Other (8) (specify): _____ (1695-1714)

14. Physical characteristics of harvest area as close as possible to harvest date:

		Result		Date Measured Mo. Day Yr.	
Maximum ambient temp.	(1715-1718)		☐ F (1) ☐ C (2) (1719)		(1720-1725)
Surface water temp.	(1726-1727)		☐ F (1) ☐ C (2) (1728)		(1729-1734)
Salinity (ppt)	(1735-1736)				(1737-1742)
Total rainfall (inches in prev. 5 days)	(1743-1744)				(1745-1750)
Fecal coliform count	(1751-1755)				(1756-1761)

(Attach copy of coliform data)

15. Was there evidence of improper storage, cross-contamination, or holding temperature at any point? Reset #15 Yes (1) ☐ No (2) ☐ Unk. (9) ☐ (1762) If YES, specify deficiencies:

_____

_____

Person completing section IV: _____ **Date:** Mo. Day Yr. (1763-1768)

Title/Agency: _____ **Tel.:** _____

Public reporting burden for this collection of information is estimated to average 20 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATN: PRA(0920-0004). CDC 52.79(E), Rev. 8/2007