

Harmful Algal Bloom-related Illness Surveillance System (HABISS)

HAB-RELATED HUMAN ILLNESS REPORT

Problems associated with blooms of unicellular algae, known as Harmful Algal Blooms (HABs), are global and appear to be increasing in severity and extent. HABs have many economic, ecologic, and human health impacts, such as mass mortalities of fish, marine mammals, and seabirds; economic losses from reduced tourism, fish stocks, and shellfish harvests; and a suite of public health problems associated with direct exposure to toxins and the consumption of contaminated fish and shellfish. To assess the public health impacts from HABs, the National Center for Environmental Health (NCEH) created the Harmful Algal Bloom-related Illness Surveillance System (HABISS). HABISS houses data on human and animal HAB-related illnesses (e.g., cyanobacteria poisonings, shellfish poisonings, ciguatera fish poisoning, dermatologic and respiratory complaints) and environmental data characterizing HABs. The primary goal of this surveillance activity is to collect enough data to allow state and local health departments to predict HABs and be proactive in protecting public health.

This form is for the collection of demographic and health information for persons potentially exposed to a harmful algal bloom (HAB) in fresh, estuarine, or marine waters. Please complete the form as thoroughly as possible.

HAB-RELATED HUMAN ILLNESS REPORT

ODH Use Only HABISS # _____ Date of this report _____

Fresh water: Anatoxin-a poisoning, Anatoxin-a(s) poisoning, microcystin poisoning...

Marine: Ciguatera fish poisoning, domoic acid (amnesic shellfish poisoning - ASP), saxitoxin (paralytic shellfish poisoning - PSP)...

Identifying information for suspected case:

Name _____

Phone _____

Address _____

County _____

ZIP code _____

Other contact information _____

Source of report:

Citizen
 Healthcare Provider
 State Agency
 County Agency
 Poison Control Center
 Other

Address _____

Phone number _____

Demographics

Date of birth _____ or Age _____

Sex Male Female

Race American Indian
 Asian/Pacific Islander
 Black
 White
 Unknown
 Other

Hispanic Yes No

Height _____ inches Weight _____ lbs.

Exposure information

Date of exposure _____

Time of exposure _____

Duration of exposure _____

Activity at time of exposure

Occupational _____

Recreational

Circle: Swimming, wading, boating, fishing, tubing/skiing, personal watercraft

Unknown Other _____

Location

At home

Waterbody name _____

Beach/shoreline location _____

Other _____

Route

Inhalation

Dermal contact

Ingestion

Unknown

Other _____

Source

Food

Brackish water

Sea water

Fresh water

Drinking water

Other _____

Areas in contact with water

Head or Face

Arms or Hands

Legs or Feet

Neck

Trunk

Other _____

Unknown

Exposure associated with bloom:

Yes

No

If yes, HABISS # _____

Environmental conditions

Sick or dead animals

No

Dead fish count _____

Sick fish count _____

Other dead animals count _____ species _____

Other sick animals count _____ species _____

Unknown

Unusual odors

No

Yes

If yes, describe _____

Unknown

Waterbody conditions

Moving

Stagnant

Unknown

Color _____

Clarity _____

Scum present

Yes

No

Unknown

Skip tidal questions for Ohio.

Tidal conditions

High tide Flood tide

Low tide Ebb tide

Slack tide Unknown

If source was food

Type of food

Shellfish

Finfish

Lobster/crab/shrimp

Other _____

Preparation

Cooked

Raw

Unknown

Store bought

Yes, name _____

No

Unknown

Restaurant

Yes, name _____

No

Unknown

Signs and Symptoms (onset is from time of first exposure, duration is from time of onset)

Symptomatic Yes No Unknown

What symptom(s) did the case first experience? _____

Chief symptoms

General

Fatigue Onset _____ Duration _____ Loss of appetite Onset _____ Duration _____
 Fever Onset _____ Duration _____ Malaise Onset _____ Duration _____

HEENT

Earache Onset _____ Duration _____ Nasal congestion Onset _____ Duration _____
 Headache Onset _____ Duration _____ Sore throat Onset _____ Duration _____
 Conjunctivitis Onset _____ Duration _____ Other _____ Onset _____ Duration _____

Respiratory

Cough Onset _____ Duration _____ Chest tightness Onset _____ Duration _____
 Short of breath Onset _____ Duration _____ Other _____ Onset _____ Duration _____
 Wheezing Onset _____ Duration _____

Cardiovascular

Chest pain Onset _____ Duration _____ Cyanosis Onset _____ Duration _____
 Irregular beat Onset _____ Duration _____ (check all that apply: __ arms __ legs __ mouth)
 Other _____ Onset _____ Duration _____ Pale (arms/legs) Onset _____ Duration _____

Gastrointestinal

Nausea Onset _____ Duration _____ Vomiting Onset _____ Duration _____
 Diarrhea Onset _____ Duration _____ Pain (up R quadrant) Onset _____ Duration _____
 Other _____ Onset _____ Duration _____ Bad taste in mouth Onset _____ Duration _____

Genitourinary

Dark urine Onset _____ Duration _____ Other _____ Onset _____ Duration _____
 Blood In urine Onset _____ Duration _____

Musculoskeletal

Muscle pain Onset _____ Duration _____ Difficulty walking Onset _____ Duration _____
 Joint pain Onset _____ Duration _____ Other _____ Onset _____ Duration _____

Neurologic

Confusion Onset _____ Duration _____ Numbness Onset _____ Duration _____
 Memory loss Onset _____ Duration _____ Weakness Onset _____ Duration _____
 Seizure Onset _____ Duration _____ Paralysis Onset _____ Duration _____
 Coma Onset _____ Duration _____ Vertigo Onset _____ Duration _____
 Other _____ Onset _____ Duration _____ Tingling/burning Onset _____ Duration _____
 Vision disturbance Onset _____ Duration _____

Dermatologic

Itching Onset _____ Duration _____ Rash Onset _____ Duration _____
 Blisters Onset _____ Duration _____ Jaundice Onset _____ Duration _____
 Other _____ Onset _____ Duration _____

If rash reported, identify the location of the rash (check all that apply):

Left hand/arm Right hand/arm Left foot/leg Right foot/leg Face Neck Chest Back
 Under swimsuit Other _____

Describe the appearance of the rash _____

Did the case have multiple exposures Yes No Unknown

If yes, when _____

If yes, did symptoms recur Yes No Unknown

Other Symptoms _____

Medical information

Case interviewed Yes No Unknown

Did the case use a dietary supplement made from blue-green algae or Super Blue-Green? Yes No Unknown

Does the case take herbal supplements or drink herbal teas routinely? Yes No Unknown

If yes, describe _____

Does the case use OTC pain medicine containing acetaminophen regularly (more than 5/week)?
 Yes No Don't Know

Did case use any prescribed medication, OTC, or supplements in the month before onset of symptoms?

Yes No Unknown

If yes, list ALL _____

Has the case had a cold or flu in the past 2 weeks?

Yes No Don't Know

How often does case drink alcohol containing beverage?

Never < 1/wk >1/wk Daily

How many drinks containing alcohol does case drink in a typical day:

1-2 3-4 >5

Did the case drink alcohol within 24 hours prior to symptoms?

Yes No Don't Know

Does the case smoke? Yes No Don't Know

How many packs a day? _____

Pre-existing medical condition? Yes No Unknown

- Asthma
- Chronic respiratory disease
- Chronic skin disease
- Diabetes mellitus
- Heart disease
- Immunodeficiency disorder
- Liver disease (hepatitis, cirrhosis, fatty liver, jaundice)
- Malignancy
- Neurologic disorders
- Psychological disorder
- Renal disease
- Transplant recipient

Other _____

If female of reproductive age, is case currently pregnant or breastfeeding?

Yes, pregnant Yes, nursing No Don't Know

Comments _____

Case assessment

Medical care sought Yes No Unknown

If yes, type Clinic ER Urgent care

Provider _____

Location _____

Phone number _____

Were lab tests conducted Yes No Unknown

If yes, type and results

Blood tests _____

Cultures _____

Fecal smears _____

Histopathology _____

Skin biopsies _____

Toxins _____

Urinalysis _____

X-ray _____

What is the case's current disposition?

Released Still hospitalized Unknown Dead

Notes: _____

If deceased, was an autopsy performed?

Yes No Pending Unknown

[If yes, attach copy]

Case report status Complete

Follow-up required (describe in follow-up section below)

Diagnosis

Not a HAB-related case

Not likely a HAB-related case

Suspect HAB-related case*

Probable HAB-related case*

Confirmed HAB-related case*

If not HAB-related, what diagnosis _____

Notes _____

Source of final diagnosis _____

Follow-up needed Yes No

Photos Yes No (If yes, attach a signed release)

Report by (name) _____

* based on CDC case definitions on page 5

Other exposed people _____

Description _____

HABISS # (s) _____

Disease associated with this report

Primarily associated with freshwater:

- Anatoxin-a poisoning
- Anatoxin-a(s) poisoning
- Cylindrospermopsin poisoning
- Lyngbyatoxin poisoning
- Microcystin poisoning
- Saxitoxin poisoning (Paralytic shellfish poisoning - PSP)
- Other _____

Primarily associated with marine water:

- Azaspiracid poisoning
- Brevetoxin poisoning
- Ciguatera fish poisoning
- Domoic acid poisoning (amnesic shellfish poisoning - ASP)
- Lyngbyatoxin poisoning
- Saxitoxin poisoning (Paralytic shellfish poisoning - PSP)
- Okadaic acid poisoning (Diarrhetic shellfish poisoning-DSP)
- Other _____

CDC case definition summary for selected toxins (for complete description see CDC *Proposed Case Definitions for Algal Toxin-related Diseases*)

NOTE: We do not have definite case definitions for these poisonings. We cannot rule out that a person may present with symptoms immediately after exposure or days after exposure.

Poison	Causative organism	Vector	Onset
Anatoxin-a	<i>Anabaena</i> spp. <i>Aphanizomenon</i> spp. <i>Planktothrix</i> spp.	Contaminated fresh water	minutes to hours
Anatoxin-a(s)	<i>Anabaena flos-aquae</i>	Contaminated fresh water	minutes to hours
Azaspiracid	<i>Protoperdinium</i>	Shellfish: clams, scallops, mussels, oysters	<24 hours
Brevetoxin	Dinoflagellates <i>Karenia brevis</i> Other <i>Karenia</i> spp.	Contaminated marine waters and shellfish	<24 hours
Ciguatoxins	Dinoflagellates <i>Gambierdiscus toxicus</i> <i>Gambierdiscus</i> spp	Many fish species: eel, grouper, mackerel, snapper...	<24 hours
Cylindrospermopsin	<i>Cylindrospermopsis raciborskii</i> , <i>Aphanizomenon ovalisporum</i>	Contaminated fresh water and possibly fish	hours to days
Domoic acid	<i>Pseudo-nitzschia</i> spp. <i>Nitzschia pungens</i>	Shellfish: crab, clams, scallops, mussels, oysters	<24 hours
Lyngbyatoxin	<i>Lyngbya</i> sp.	Contaminated fresh or marine waters	<24 hours
Microcystins	<i>M. Aeruginosa</i> <i>Anabaena</i> spp. <i>Planktothrix</i> spp.	Contaminated fresh water	hours to days
Okadaic acid	<i>Dinophysis</i> sp.	Shellfish: crab, clams, scallops, mussels, crabs	minutes to hours
Saxitoxins	Dinoflagellates and Cyanobacteria (<i>Aphanizomenon</i> sp. <i>Anabaena circinalis</i>)	Shellfish (clams, cockles, mussels, oysters, whelks) or puffer fish Contaminated fresh water	<24 hours Unknown

Suspect Case

Exposure to water or to seafood with a confirmed algal bloom AND onset of associated signs and symptoms within a reasonable time after exposure AND without identification of another cause of illness

Probable Case

Meets criteria for *Suspect Case* AND there is laboratory documentation of a HAB toxin(s) in the water.

Confirmed Case

Meets criteria for a *Probable Case* combined with professional judgment based on medical review.

Healthcare Providers: Please fax form to the local health department of the residence of the ill individual. A list may be found at:

<http://odhlogin.sso.odh.ohio.gov/LHDdirectory/NetMgr/ODHList.aspx>

If you are unable to identify the residence, please send to your local health department.

Local health departments please fax forms to: (614) 564-2456

Harmful Algal Blooms (HAB)

Outbreak Response and BT Investigation Team (ORBIT)

Ohio Department of Health (ODH)



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