



## Annex 2. CIGUATERA POISONING CASE REPORT FORM

### PROVIDER INFORMATION

Reporting country: .....

Case identification number: .....

Reporting date (dd-mm-yyyy): ..... / ..... / .....

Data source<sup>1</sup>: .....

### CASE INFORMATION

Birth date (dd-mm-yyyy): ..... / ..... / .....

Age in years: ..... Age in months if less than 2 years old: .....

Gender:  Male  Female  Other  Unknown

Permanent place of residence:

Country: ..... Region<sup>2</sup>: .....

### DISEASE DATA

Date used for statistics<sup>3</sup>: ..... / ..... / .....

Date of onset (dd-mm-yyyy): ..... / ..... / .....

Time of onset: (hh:mm): .... : ....  AM  PM

Has a physician diagnosed ciguatera?  Yes  No

Date of diagnosis (dd-mm-yyyy): ..... / ..... / .....

Hospitalized:  Yes  No

If yes: Date of hospital admission (dd-mm-yyyy): ..... / ..... / .....

Date of hospital discharge (dd-mm-yyyy): ..... / ..... / .....

Death:  Yes  No

If yes: Date of Death (dd-mm-yyyy): ..... / ..... / .....

<sup>1</sup> It is the first institution or authority that provides case information.

<sup>2</sup> Later on, the region would be coded for the analysis, according to the Nomenclature of Territorial Units for Statistics (NUTS).

<sup>3</sup> It is a reference date used for analysis and it should be the date of onset. If the date of onset is unknown use the nearest date known: date of diagnosis, date of reporting, or any other date.

**Symptoms:****Neurological symptoms:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cold allodynia (burning pain caused by a normally innocuous cold stimulus) | <input type="checkbox"/> Itching                                 |
| <input type="checkbox"/> Joint Pain   | <input type="checkbox"/> Muscle weakness                         |
| <input type="checkbox"/> Muscle Pain  | <input type="checkbox"/> Chest Pain                              |
| <input type="checkbox"/> Tingling/Numbness in Hands/Feet  | <input type="checkbox"/> Tingling/Numbness in Mouth/Tongue/Teeth |
| <input type="checkbox"/> Metallic taste   | <input type="checkbox"/> Pain during Intercourse                 |
| <input type="checkbox"/> Pain/Difficulty Urinating  | <input type="checkbox"/> Dizziness                               |
| <input type="checkbox"/> Headache   | <input type="checkbox"/> Visual Difficulties                     |
| <input type="checkbox"/> Tremors/Seizures   | <input type="checkbox"/> Difficulty Speaking                     |
| <input type="checkbox"/> Loss of Coordination   | <input type="checkbox"/> Anxiety/Irritability/Depression         |
| <input type="checkbox"/> Insomnia   | <input type="checkbox"/> Hallucinations                          |

**Gastrointestinal symptoms:**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Nausea    | <input type="checkbox"/> Vomiting         |
| <input type="checkbox"/> Diarrhoea | <input type="checkbox"/> Abdominal cramps |

**Cardiovascular symptoms:**

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Hypotension | <input type="checkbox"/> Bradycardia |
| <input type="checkbox"/> Tachycardia |                                      |
| <input type="checkbox"/> Other       |                                      |

If other symptoms, specify: .....

Has the patient had ciguatera before?  Yes  No  Unknown

**FOOD RISK DATA**

Date of consumption of implicated fish: (dd-mm-yyyy): ..... / ..... / .....

Time of consumption of implicated fish: (hh:mm): .... : ....  AM  PM

Type of fish consumed<sup>4</sup>:

- |                                    |                                    |                                  |
|------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Amberjack | <input type="checkbox"/> Barracuda | <input type="checkbox"/> Grouper |
| <input type="checkbox"/> Hogfish   | <input type="checkbox"/> Moray     | <input type="checkbox"/> Snapper |

<sup>4</sup> Attached in the annex there is the list of fishes previously associated with ciguatera



- Surgeonfish                       Mackerel                       Parrotfish  
 Other, specify:.....  Not known

Species (scientific name) of the consumed fish:.....

Common name of the consumed fish:.....

Size of the whole fish: ..... (Approximate kilograms)

Previous treatment of the fish:

- Refrigerated                       Frozen                       Salted  
 Dried                       None (fresh)                       Unknown  
 Other, specify:.....

Part of Fish consumed: .....

Amount of fish consumed: ..... (Approximate grams; 85gr portion = size of check book)

Country of fish consumption: .....

Region of fish consumption: .....

Place of fish consumption:

- Household                       Canteen or workplace catering  
 Camp or picnic                       Hospital or medical care facility  
 Mobile retailer or market/street vendor                       Residential institution (nursing home or prison or boarding school)  
 Restaurant, cafe, pub, bar, hotel or catering                       School or kindergarten  
 Ship                       Other transport  
 Unknown  
 Other, specify: .....

Date of acquisition of implicated fish: (dd-mm-yyyy): ..... / ..... / .....

Place of acquisition of the fish:

- Street vendor                       Market  
 Retail                       Supermarket  
 Sport fishing                       Unknown  
 Other, specify: .....

Date the fish was harvested (dd-mm-yyyy): ..... / ..... / .....

**Origin of the fish:**Country: ..... Region<sup>5</sup>: ..... FAO area: .....Did the patient eat shellfish?<sup>6</sup>  Yes  No**FOOD LABORATORY DATA**Any left-over fish?  Yes  NoWas the fish sent for analysis of ciguatoxins?  Yes  No

If Yes, where:.....

Laboratory method for detection/quantitation of ciguatoxins:

 Liquid Chromatography/Mass Spectrometry  Cellular assay Receptor binding assay  Mousse bioassay Other, specify: .....What are the fish testing results:  Positive  Negative  Unknown  Pending  InconclusiveIf positive, has a notification to the RASFF<sup>7</sup> been issued?  Yes Reference number..... NoWas the fish sent for identification of the species?  Yes  No

If yes,

Name of the species: .....

Method used for identification of the species: .....

**MEASURES IMPLEMENTED**Treatment for ciguatera food poisoning:  Yes  NoIf yes, which treatment?  Mannitol  Other, specify: ..... Unknown

Other measures implemented: .....

.....

.....

**CLASSIFICATION**

Case classification:

 Possible

<sup>5</sup> Later on, the region would be coded for the analysis, according to the Nomenclature of Territorial Units for Statistics (NUTS).

<sup>6</sup> Consumption of shellfish contaminated with brevetoxin may also produce similar symptoms to CFP

<sup>7</sup> Rapid Alert System for Food and Feed



Probable

Confirmed

**Case type:**

Associated with eating autochthonous fish (fish harvested within the EU/EEA)

Associated with eating imported fish (fish harvested outside the EU/EEA)

Travel related (consumption of fish in an endemic area)

**Case presentation:**

Outbreak related    Outbreak ID number: .....

.....

Sporadic

Unknown

**ADDITIONALS COMMENTS**

.....

.....

.....

.....