



Annex 3. CIGUATERA POISONING OUTBREAK REPORT FORM

PROVIDER INFORMATION

Reporting Country:

Outbreak ID number:

Notification date (dd-mm-yyyy): / /

Data source¹:

CASES INFORMATION

Total Number of people that have eaten the implicated fish:

Total Number of people that got sick:

Total Number of hospitalized cases:

Total Number of deceased cases:

If you have information on age group and gender please put the numbers in the following tables:

Age (years) and gender of exposed people²:

Table with 5 columns: Age group, Male, Female, Other, Unknown. Rows include age groups from <1 to 65 & more, and Unknown.

Age (years) and gender of cases

Table with 5 columns: Age group, Male, Female, Other, Unknown. Rows include age groups from <1 to 65 & more, and Unknown.

Age (years) and gender of hospitalized cases:

Table with 5 columns: Age group, Male, Female, Other, Unknown. Rows include age groups from <1 to 65 & more, and Unknown.

Age (years) and gender of deceased cases

Table with 5 columns: Age group, Male, Female, Other, Unknown. Rows include age groups from <1 to 65 & more, and Unknown.

¹ It is the first institution or authority that provides outbreak information.

² People that have eaten the implicated fish

**DISEASE DATA**Date used for statistics³ (dd-mm-yyyy): / /

Date onset of the first case (dd-mm-yyyy): / /

Date onset of the last case (dd-mm-yyyy): / /

Incubation period (hours): Minimum: Median: Maximum:

Duration of the disease (days): Minimum: Median: Maximum:

Clinical manifestations:**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:

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



FOOD RISK DATA

Type of fish consumed⁴:

- | | | |
|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Amberjack | <input type="checkbox"/> Barracuda | <input type="checkbox"/> Grouper |
| <input type="checkbox"/> Hogfish | <input type="checkbox"/> Moray | <input type="checkbox"/> Snapper |
| <input type="checkbox"/> Surgeonfish | <input type="checkbox"/> Mackerel | <input type="checkbox"/> Parrotfish |
| <input type="checkbox"/> Other, specify: | | |

Species (scientific name) of the implicated fish:

Common name of the implicated fish:

Size of the whole fish: (Approximate kilograms)

Previous treatment of the fish:

- | | | |
|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Refrigerated | <input type="checkbox"/> Frozen | <input type="checkbox"/> Salted |
| <input type="checkbox"/> Dried | <input type="checkbox"/> None (fresh) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other, specify: | | |

Country (countries) of fish consumption:

Region (regions) of fish consumption:

Place of consumption of the fish:

- | | |
|--|--|
| <input type="checkbox"/> Household | <input type="checkbox"/> Canteen or workplace catering |
| <input type="checkbox"/> Camp or picnic | <input type="checkbox"/> Hospital or medical care facility |
| <input type="checkbox"/> Mobile retailer or market/street vendor | <input type="checkbox"/> Residential institution (nursing home or prison or boarding school) |
| <input type="checkbox"/> Restaurant, Cafe, Pub, Bar, Hotel or catering | <input type="checkbox"/> School or kindergarten |
| <input type="checkbox"/> Ship | <input type="checkbox"/> Other transport |
| <input type="checkbox"/> Unknown | |
| <input type="checkbox"/> Other, specify: | |

Place of acquisition of the fish:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Street vendor | <input type="checkbox"/> Market |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Sport fishing | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other, specify: | |

⁴ Attached in the annex there is the list of fishes previously associated with ciguatera



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

Origin of fish:

Country: Region⁵: FAO area:

Did the patients eat shellfish?⁶ Yes No

LABORATORY DATA

Any left-over fish? Yes No

Was 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 Inconclusive

If positive, has a notification to the RASFF⁷ been issued? Yes Reference number.....
 No

Was the fish sent for identification of the species? Yes No

If yes,

Name of the species:

Method used for the identification of the species:

MEASURES IMPLEMENTED

Treatment for ciguatera: Yes No

- If yes, number of people treated with:
- Mannitol
 - Other, specify:.....
 - Unknown

Other measures implemented:.....
.....
.....

CLASSIFICATION

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

⁶ Consumption of shellfish contaminated with brevetoxin may also produce similar symptoms to CP

⁷ Rapid Alert System for Food and Feed



Outbreak strength⁸:

- Strong Weak Unknown

Nature of the evidence⁹:

- Analytical epidemiological evidence
- Descriptive epidemiological evidence
- Detection of causative agent in food vehicle- Symptoms and onset of illness pathognomonic to causative agent
- Descriptive environmental evidence
- Product-tracing investigations
- Unknown

Outbreak presentation:

- 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)

Extent of outbreak¹⁰:

- General
- Household
- Unknown

Outbreak dissemination:

- Local
- Regional
- National
- International

⁸ Definitions can be found in the EFSA manual for reporting on food-borne outbreaks <http://onlinelibrary.wiley.com/doi/10.2903/sp.efsa.2016.EN-989/epdf>

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¹⁰ Specify the extent of the outbreak:

- **General outbreak:** outbreak involving human cases from more than one household. Outbreaks in residential homes (e.g. nursing homes), schools, and other similar institutions are considered to be general outbreaks.
- **Household outbreak:** outbreak where all the human cases live in one single household.
- **Unknown:** if it was not possible to identify the type of outbreak or if the information is not available.



Unknown

ADDITIONALS COMMENTS

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