FOR HEALTH DEPARTMENT USE ONLY:
Medical care facility _____ Visit date(s) _____
Treating Physician _____ Outbreak #_____

ODH USE ONLY
Date of this report _____
Interviewer initials _____
Report number _____

HARMFUL ALGAL BLOOM-RELATED HUMAN ILLNESS REPORT— RECREATIONAL WATER

Identifying information for ill individuals:

Name _____
Phone _____
Address _____
County _____
ZIP code _____
Name of interviewee _____ **Relationship** _____

Source(s) of report:

❒ Resident
❒ Healthcare Provider
❒ State Agency
❒ County Agency
❒ Poison Control Center
❒ Medical record
❒ Other

Address _____
_____
Phone number _____
_____

Demographics

Date of birth _____ *or* **Age**_____ **Sex** ❒Male ❒Female **Height** _____ inches **Weight**_____lbs

Race ❒American Indian ❒Asian/Pacific Islander ❒Black ❒White ❒Unknown ❒Other _____ **Hispanic** ❒Yes ❒No

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

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
❒ Don't know
❒ Other _____

Location
❒ At home
❒ Water body
Name _____
❒ Beach/shoreline
Location _____
❒ Other_____

Route
❒ Inhalation
❒ Dermal contact
❒ Ingestion
❒ Don't know
❒ Other_____

Source
❒ Food
❒ Fresh water
❒ Drinking water
❒Other_____

Areas in contact with water
❒ Head or Face
❒ Arms or Hands
❒ Legs or Feet
❒ Neck
❒ Trunk
❒ Other_____
❒ Don't know

Was the exposure associated with a bloom?
❒Yes ❒No

Environmental conditions

Sick or dead animals
❒ No
❒ Dead fish Count _____
❒ Other dead animals
Count _____ species _____
❒ Other sick animals
Count _____ species _____
❒ Don't know

Unusual odors
❒ No
❒ Yes
If yes, describe _____
❒ Don't know

Water body conditions
❒ Moving
❒ Stagnant
❒ Don't know
Color _____
Clarity _____

Scum or foam present
❒ No
❒ Yes
❒ Don't know

Tidal conditions
❒ High tide ❒ Flood tide
❒ Low tide ❒ Ebb tide
❒ Slack tide ❒ Don't know

May 2015

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

Symptomatic? ❒ Yes ❒ No ❒ Unknown Date of Onset _____

What symptom(s) did you 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 _____

Mental health

❒Anxiety/nervousness	Onset _____	Duration _____	❒Other_____	Onset _____	Duration _____
❒Depression	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/diaper ❒Other _____

Describe the appearance of the rash

_____

Medical Information

Do you have any pre-existing medical condition(s)?

❒Yes ❒No ❒Unknown

If yes, check all that apply.

❒Asthma
❒Chronic respiratory disease
❒Chronic skin disease
❒Diabetes mellitus
❒Heart disease
❒Immunodeficiency disorder
❒Intestinal disorder (Crohn's disease, Celiac disease)
❒Liver disease (hepatitis, cirrhosis, fatty liver, jaundice)
❒Malignancy
❒Neurologic disorders
❒Psychological disorder
❒Renal disease

If yes, do you receive dialysis? ❒Yes ❒No

❒Transplant recipient

Other_____

(If female is of reproductive age) Are you currently pregnant or breastfeeding?

❒Yes ❒No ❒Unknown

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

Do you take herbal supplements or drink herbal teas routinely?

❒Yes ❒No ❒Unknown

If yes, describe

_____

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

❒Yes ❒No ❒Don't know

If yes, list ALL _____

_____

_____

Have you had a cold or flu in the past 2 weeks?

❒Yes ❒No ❒Don't know

How often do you drink alcohol containing beverage(s)?

❒Never ❒< 1/wk ❒>1/wk ❒Daily

How many drinks containing alcohol do you drink in a typical day?

❒1-2 ❒3-4 ❒>5

Did you drink alcohol within 24 hours prior to symptom onset?

❒Yes ❒No ❒Don't Know

Do you smoke? ❒Yes ❒No ❒Don't Know

If yes, how many packs a day? _____

Is there anything else you would like to add?

_____

_____

FOR HEALTH DEPARTMENT USE ONLY:

Assessment

Medical Care sought ❒Yes ❒No ❒Unknown
If yes, type ❒Clinic ❒ER ❒Urgent care

Visit date(s)_____

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_____

Current disposition?

❒Released ❒Still hospitalized ❒Unknown ❒Deceased

Notes: _____

If deceased, was an autopsy performed?

❒Yes ❒No ❒Pending ❒Unknown

[If yes, attach copy]

Illness report status ❒Complete
❒Follow-up required (*describe in follow-up section)*

Case classification

❒Not a HAB-related case
❒Suspect HAB-related case*
❒Probable HAB-related case*
❒Confirmed HAB-related case*

Disease(s) associated with this report

❒Anatoxin-a poisoning
❒Anatoxin-a(s) poisoning
❒Brevetoxin
❒Ciguatoxins
❒Cylindrospermopsin poisoning
❒Lyngbyatoxin poisoning
❒Domoic acid
❒Microcystin poisoning
❒Okadaic acid
❒Saxitoxin poisoning (Paralytic shellfish poisoning – PSP)
❒Other _____

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 4

Other exposed people _____

_____

Description _____

May 2015

CDC case definition summary for selected toxins:
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.

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

Cyanotoxins	Type of Toxin	Causative organism	Vector
Anatoxin-a	Neurotoxin	*Anabaena* spp. *Aphanizomenon* spp. *Planktothrix* spp.	Contaminated fresh water
Anatoxin-a(s)	Neurotoxin	*Anabaena flos-aquae*	Contaminated fresh water
Azaspiracid	Neurotoxin	*Protoperidinium*	Shellfish: clams, scallops, mussels, oysters
Brevetoxin	Neurotoxin	Dinoflagellates *Karenia brevis* Other *Karenia* spp.	Contaminated marine waters and shellfish
Ciguatoxins	Neurotoxin	Dinoflagellates *Gambierdiscus* toxicus *Gambierdiscus* spp	Many fish species: eel, grouper, mackerel, snapper…
Cylindrospermopsin	Hepatotoxin	*Cylindrospermopsis raciborskii,* *Aphanizomenon ovalisporum*	Contaminated fresh water and possibly fish
Domoic acid	Neurotoxin	*Pseudo-nitzschia* spp. *Nitzschia pungens*	Shellfish: crab, clams, scallops, mussels, oysters
Lyngbyatoxin	Dermal toxin	*Lyngbya* sp.	Contaminated marine water
Microcystin	Hepatotoxin	*M. aeruginosa* *Anabaena spp.* *Planktothrix spp.*	Contaminated fresh water
Okadaic acid	Neurotoxin	Dinophysis sp.	Shellfish: crab, clams, scallops, mussels, oysters
Saxitoxin	Neurotoxin	Dinoflagellates and Cyanobacteria Anabaena circinalis Lyngbya wolle	Shellfish: clams, cockles, mussels, oysters, whelks, puffer fish Contaminated fresh water

Numeric Thresholds for Ohio Recreational Water*

The recommended thresholds would be protective of human exposures. The thresholds given here may or may not be protective of animals such as dogs or livestock.

Threshold (µg/L)	Microcystin**	Anatoxin-a	Cylindrospermopsin	Saxitoxin**
Recreational Public Health Advisory	6	80	5	0.8
Recreational No Contact Advisory	20	300	20	3

* Numeric thresholds are referenced from the the Ohio EPA Algal Bloom Response Strategy For Recreational Waters (http://epa.ohio.gov/habalgae.aspx)
**Microcystin and Saxitoxin thresholds are intended to be applied to total concentrations of all reported congeners of those toxins.

Healthcare Providers: Please fax form to the local health department of the residence of the ill individual. A list may be found at: http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/lhd/OHIO-LHDcontact.ashx

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

Local health departments please fax forms to:
(614) 466-4556
Harmful Algal Blooms (HAB)
Bureau of Environmental Health (BEH)
Ohio Department of Health (ODH)

May 2015