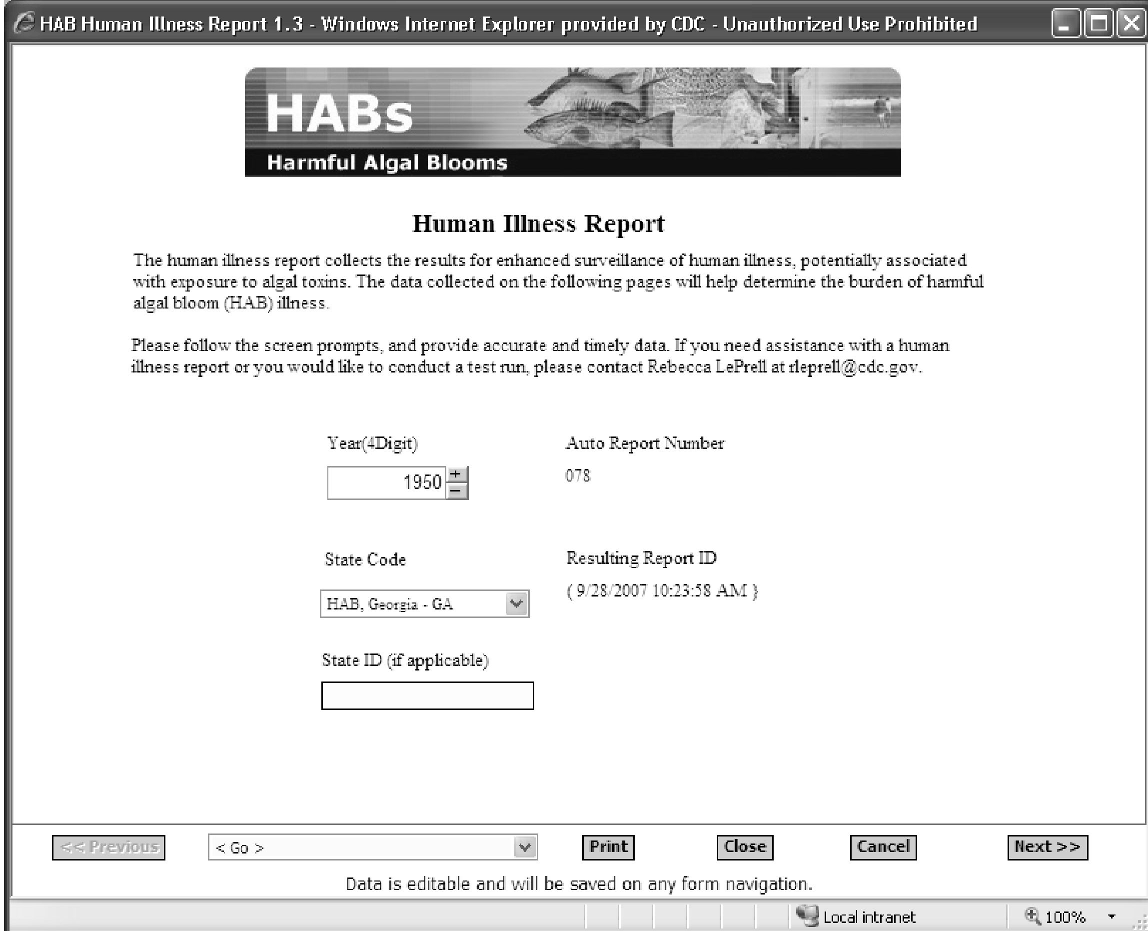
Attachment 3 0920 0004 Change Request 9 22 08

Screen shots of Data Collection Instrument

OMB No.: 0920-0004
Expiration: 10/2010

Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: CDC/ATSDR Information Collection Review Office; 1600 Clifton Road NE, M.S. D-74; Atlanta, Ga. 30333; ATTN: Paperwork Reduction Act Project (0920-0004)


HAB Human Illness Report 1.3 - Windows Internet Explorer provided by CDC - Unauthorized Use Prohibited
HABs
Harmful Algal Blooms
Human Illness Report
The human illness report collects the results for enhanced surveillance of human illness, potentially associated with exposure to algal toxins. The data collected on the following pages will help determine the burden of harmful algal bloom (HAB) illness.
Please follow the screen prompts, and provide accurate and timely data. If you need assistance with a human illness report or you would like to conduct a test run, please contact Rebecca LePrell at rleprell@cdc.gov.
Year(4Digit)
1950
Auto Report Number
078
State Code
HAB, Georgia - GA
Resulting Report ID
(9/28/2007 10:23:58 AM)
State ID (if applicable)
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HABs

Harmful Algal Blooms

State/County Agency or Other point of contact

Name of Agency [ ]

Type of Agency [▼]

Name of Caller [ ]

Address of Caller [ ]

Phone Number of Caller [ ]

E-mail address [ ]

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Identifying information about the case

Name of patient (last, first) [ ]

Home address of case:

Street No. [ ]
Street: [ ]
City: [ ]
County: [ ]
State: [ ]
Zip: [ ]

Contact Information:

Phone: [ ]
Cell: [ ]
Beeper: [ ]
Work: [ ]
Other: [ ]
E-mail: [ ]

Other contact information:

[ ]

Occupation:

- ○ Waterman/ Fisherman/ Harvester
- ○ Field personnel
- ○ Environmental personnel
- ○ Aquatic pesticide applicator
- ○ Lifeguard
- ○ Landscape worker
- ○ Other: [ ]

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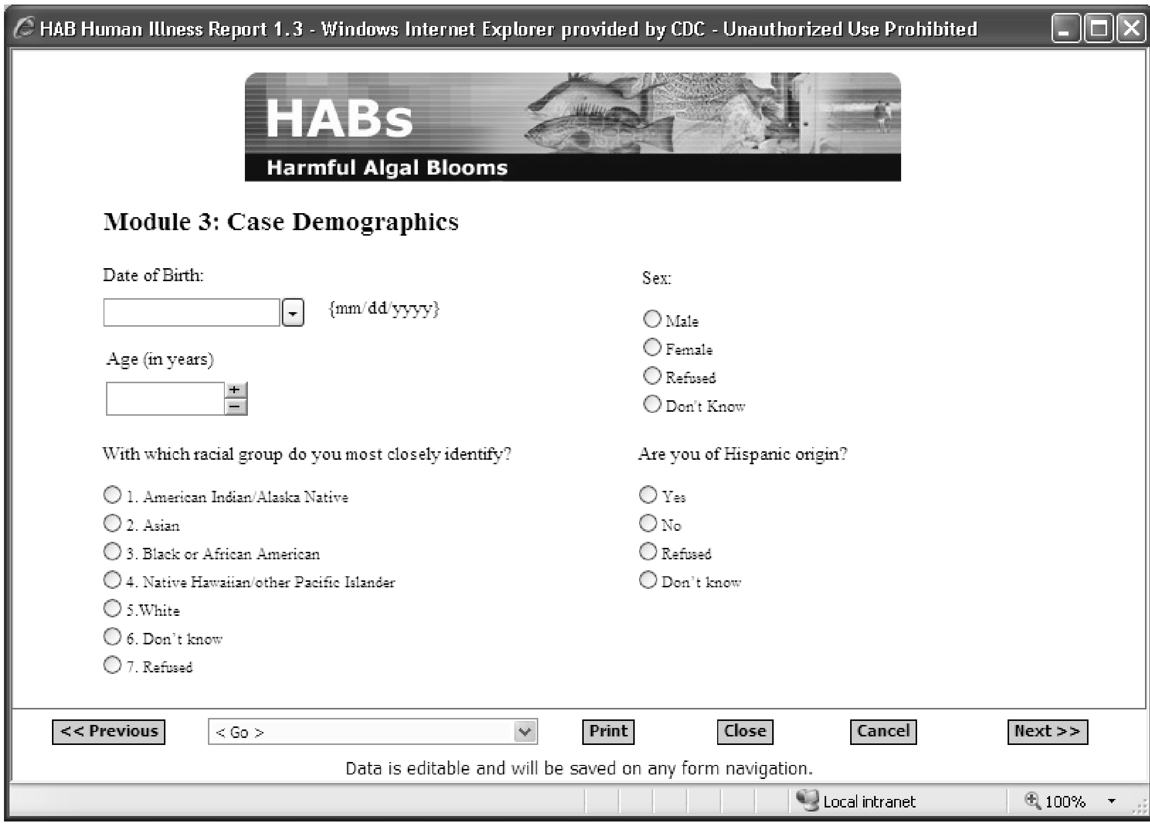
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HABs
Harmful Algal Blooms
Module 3: Case Demographics
Date of Birth:
{mm/dd/yyyy}
Age (in years)
Sex:
Male
Female
Refused
Don't Know
With which racial group do you most closely identify?
1. American Indian/Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian/other Pacific Islander
5.White
6. Don't know
7. Refused
Are you of Hispanic origin?
Yes
No
Refused
Don't know
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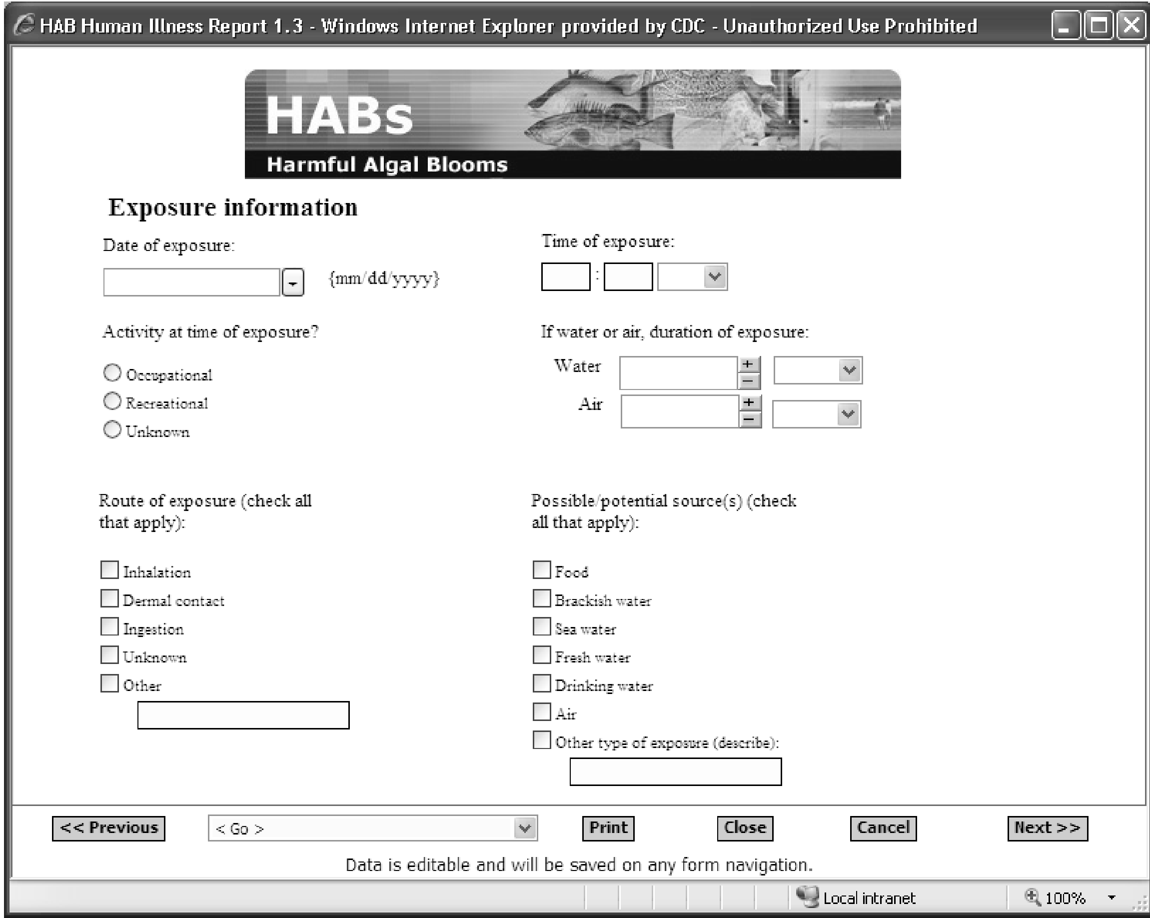
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HABs
Harmful Algal Blooms
Exposure information
Date of exposure:
{mm/dd/yyyy}
Time of exposure:
Activity at time of exposure?
Occupational
Recreational
Unknown
If water or air, duration of exposure:
Water
Air
Route of exposure (check all that apply):
Inhalation
Dermal contact
Ingestion
Unknown
Other
Possible/potential source(s) (check all that apply):
Food
Brackish water
Sea water
Fresh water
Drinking water
Air
Other type of exposure (describe):
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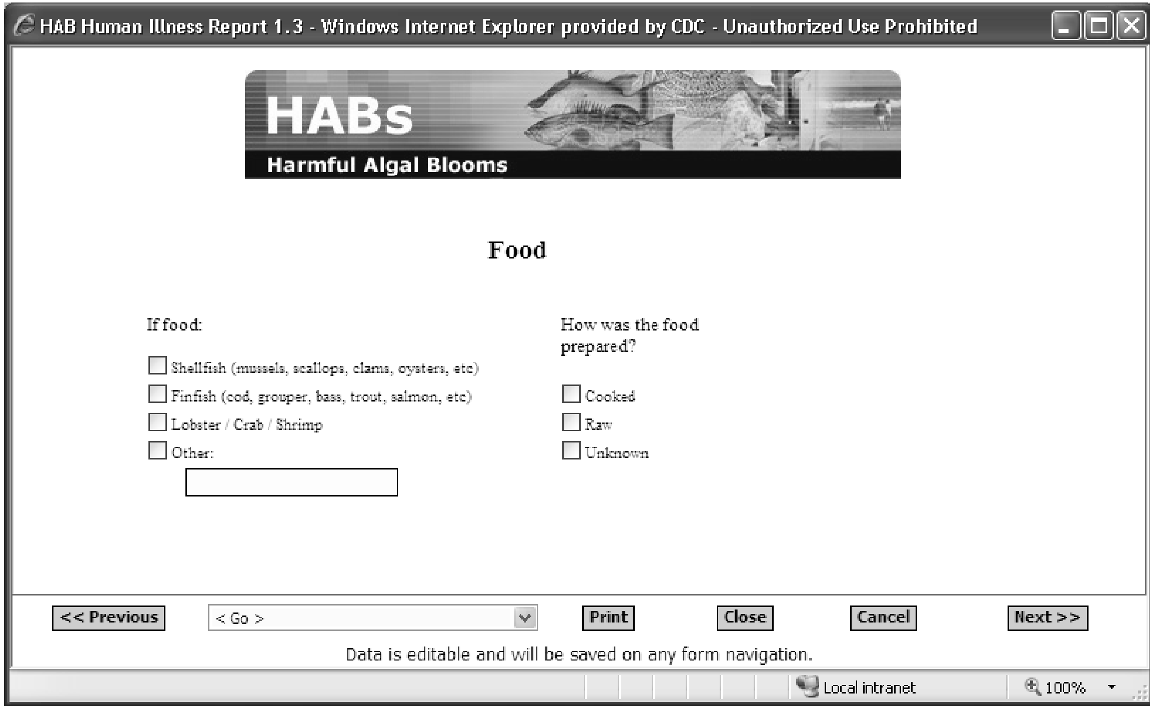

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HABs
Harmful Algal Blooms
Food
If food:
Shellfish (mussels, scallops, clams, oysters, etc)
Finfish (cod, grouper, bass, trout, salmon, etc)
Lobster / Crab / Shrimp
Other:
How was the food prepared?
Cooked
Raw
Unknown
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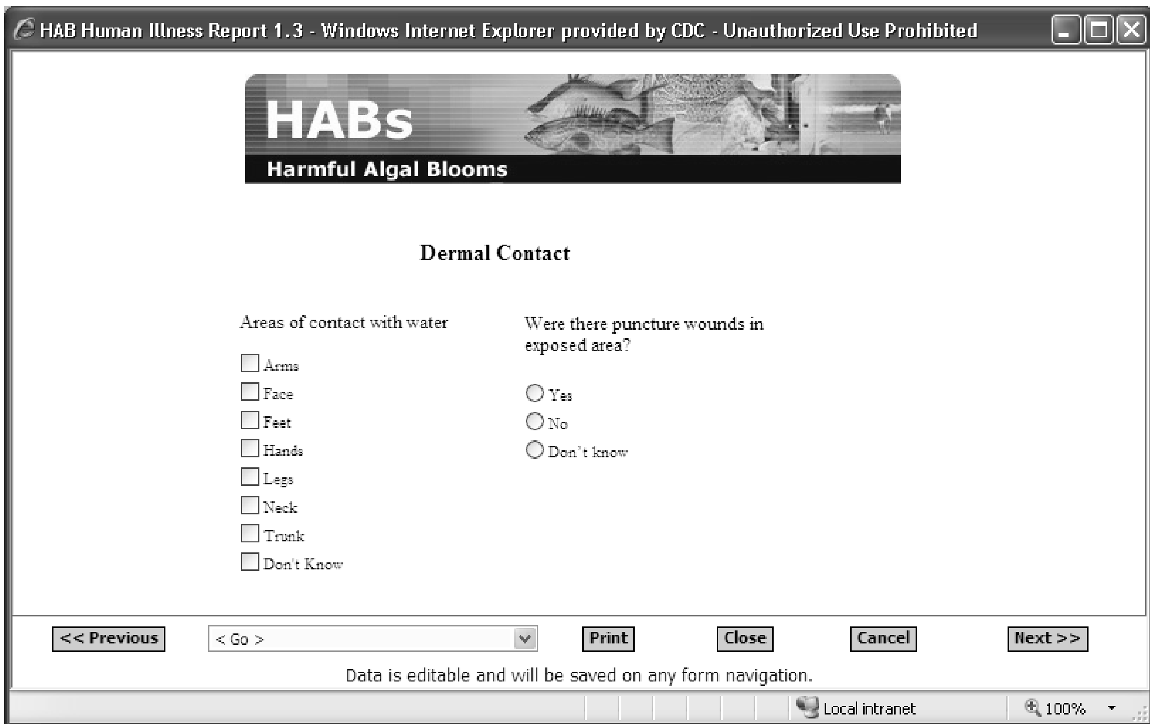

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HABs
Harmful Algal Blooms
Dermal Contact
Areas of contact with water
Arms
Face
Feet
Hands
Legs
Neck
Trunk
Don't Know
Were there puncture wounds in exposed area?
Yes
No
Don't know
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Patient Reported Environmental Conditions

Report of environmental conditions during exposure:

- ○ Dead fish count [ ] species [ ]
- ○ Sick fish count [ ] species [ ]
- ○ Other dead and sick animals count [ ] species [ ]
- ○ Unknown

(Enter "Unknown" if unknown species)

Did patient note any ususual odors or smells during exposure?

- ○ Yes describe [ ]
- ○ No
- ○ Don't know

Was water... (check appropriate)

- ○ Moving
- ○ Stagnant
- ○ Unknown

Water Color [ ] Water Clarity [ ]

Scum observed?

- ○ Yes
- ○ No
- ○ Don't Know

Tide... (check appropriate)

- ☐ High tide
- ☐ Low tide
- ☐ Flood tide (incoming)
- ☐ Ebb tide (outgoing)
- ☐ Unknown
- ☐ Slack tide
- ☐ Not applicable

Patient report of other exposed people:

Please add any exposed persons below.

Create Link

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Signs and Symptoms

• First presentation of symptom(s):

Date: Time:

What symptoms did patient first experience?

What is patient's chief complaint?

GENERAL

* Onset is from time of first exposure event * Duration is from time of onset

Symptom			
☐ Fatigue	Onset	Duration	Episodic
☐ Fever	Onset	Duration	Episodic
☐ Malaise	Onset	Duration	Episodic
☐ Anorexia	Onset	Duration	Episodic

HEENT

Symptom			
☐ Earache	Onset	Duration	Episodic
☐ Headache	Onset	Duration	Episodic
☐ Conjunctivitis	Onset	Duration	Episodic
☐ Nasal Congestion/ Rhinitis	Onset	Duration	Episodic
☐ Sore or Irritated Throat	Onset	Duration	Episodic
☐ Other:	Onset	Duration	Episodic

RESPIRATORY

Symptom			
☐ Cough	Onset	Duration	Episodic
☐ Shortness of Breath	Onset	Duration	Episodic
☐ Wheezing/attack	Onset	Duration	Episodic
☐ Chest tightness	Onset	Duration	Episodic
☐ Other:	Onset	Duration	Episodic

CARDIOVASCULAR

Symptom			
☐ Chest pain	Onset	Duration	Episodic
☐ Irregular heart rhythm	Onset	Duration	Episodic
☐ Pale extremities	Onset	Duration	Episodic
☐ Cyanosis of extremities	Onset	Duration	Episodic
☐ Other:	Onset	Duration	Episodic

GASTROINTESTINAL

Symptom			
☐ Nausea	Onset	Duration	Episodic
☐ Vomiting	Onset	Duration	Episodic
☐ Diarrhea	Onset	Duration	Episodic

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MUSCULOSKELETAL

Symptom	Onset	Duration	Episodic
☐ Muscle Pain			
☐ Joint Pain			
☐ Other: ______			

NEUROLOGIC

Symptom	Onset	Duration	Episodic
☐ Confusion			
☐ Memory Loss			
☐ Seizure			
☐ Coma			
☐ Numbness			
☐ Weakness			
☐ Paralysis			
☐ Lightheadedness/ Sensation of floating			
☐ Vertigo/ Sensation of spinning			
☐ Hot/Cold Sensation reversal			
☐ Tingling of lips / tongue/ throat			
☐ Tingling of extremities			
☐ Other ______			

DERMATOLOGIC

Symptom	Onset	Duration	Episodic
☐ Itching			
☐ Tingling / Burning			
☐ Other: ______			
☐ Rash (please fill in info below)			

Description of rash: ______

If rash, indicate the location:

- ☐ Left Hand
- ☐ Right Hand
- ☐ Left Leg
- ☐ Right Leg
- ☐ Face
- ☐ Neck

Did patient report multiple exposures?

- ◯ Yes
- ◯ No
- ◯ Don't Know

If yes, did symptoms recur?

- ◯ Yes
- ◯ No
- ◯ Don't know

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Medical Information : Patient Interview

Was this patient interviewed?
- ◯ Yes
- ◯ No
- ◯ Don't Know

Do you presently have, or anyone in the your family had a cold or the flu in the past two weeks?
- ◯ Yes
- ◯ No
- ◯ Don't know

Have you smoked more than 100 cigarettes in your lifetime?
- ◯ Yes
- ◯ No
- ◯ Don't know

Do you currently smoke?
- ◯ Yes
- ◯ No
- ◯ Don't know

If yes, how many packs per year [ ]

Are you currently pregnant or breastfeeding?
- ◯ Yes, I am pregnant
- ◯ Yes, I am nursing
- ◯ No
- ◯ Don't Know

Do you drink alcohol?
- ◯ Yes
- ◯ No
- ◯ Don't know

If yes, did you drink within 24 hours prior to onset of symptoms?
- ◯ Yes
- ◯ No
- ◯ Don't know

Did you take any new medications in the month before onset of symptoms?
- ◯ Yes If yes [ ]
- ◯ No
- ◯ Don't know

Did you take any dietary supplements in the month before onset of symptoms?
- ◯ Yes If yes [ ]
- ◯ No
- ◯ Don't know

Has there been a review of the patient's medical records?
- ◯ Yes
- ◯ No
- ◯ Don't know

Does the patient have any pre-existing medical conditions?
- ◯ Yes
- ◯ No
- ◯ Don't know

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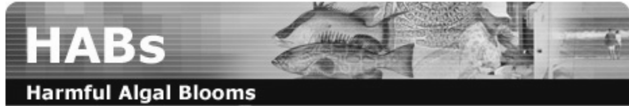

Patient Information: Chart Review

HCP identifying information

Name: [ ]
Street: [ ]
City: [ ]
State: Alabama - 01 ☐ Same as before
Zip: [ ]
Phone: [ ]
Specialty: [ ]

Was patient hospitalized?

○ Yes
○ No
○ Don't Know

Date of admission [ ]

Name of Hospital [ ]
Street: [ ]
City: [ ]
County [ ]
State: Alabama - 01
Zip: [ ]

Has the patient had contact with anyone with similar symptoms in the past two weeks?

○ Yes
○ No
○ Don't know

If patient was hospitalized, what is their current disposition?

○ Released
○ Still hospitalized
○ Dead
○ Unknown

Date of release [ ]

Were any lab tests conducted? If no, skip to next page.

○ Yes
○ No (skip to next section)
○ Don't know

TEST RESULTS

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TEST RESULTS

SKIN BIOPSIES

Were any skin biopsies conducted?

- ◯ Yes , explain [ ]
- ◯ No (skip to next section)
- ◯ Don't know

FECAL SMEARS

Where any fecal smears performed?

- ◯ Yes
- ◯ No
- ◯ Don't Know

Bacterial

- ☐ Not performed
- ☐ No organisms seen
- ☐ gram + bacilli
- ☐ gram - bacilli
- ☐ gram + cocci
- ☐ gram - cocci
- ☐ spirochette (dark field microscopy)
- ☐ Other (specify): [ ]

Fungal

- ☐ Not performed
- ☐ No organisms seen
- ☐ KOH +
- ☐ KOH –
- ☐ Other (specify): [ ]

Mycobacterial (AFB)

- ☐ Not performed
- ☐ No organisms seen
- ☐ acid fast +
- ☐ acid fast -
- ☐ Other (specify): [ ]

Was PARASITOLOGY performed?

- ◯ Yes, but no organisms present
- ◯ Yes, organisms were present but not identified
- ◯ Yes, organisms identified
- ◯ No
- ◯ Don't Know
- ◯ Other [ ]

(Test1)	(Test2)	(Test3)
◯ Ova and parasite +	◯ Ova and parasite +	◯ Ova and parasite +
◯ Ova and parasite -	◯ Ova and parasite -	◯ Ova and parasite -

Was HISTOPATHOLOGY performed?

- ◯ Yes Tissue [ ]
- ◯ No
- ◯ Don't Know

Findings

- ◯ Normal
- ◯ Neoplastic cells
- ◯ Inflammatory Reaction

Neoplastic cells [ ]

Inflammatory reaction [ ]

CULTURES

Where any cultures taken?

- ◯ Yes
- ◯ No
- ◯ Don't Know

Bacterial

- ☐ Not performed
- ☐ No organisms seen
- ☐ gram + bacilli
- ☐ gram - bacilli

Fungal

- ☐ Not performed
- ☐ No organisms seen
- ☐ KOH +
- ☐ KOH –

Mycobacterial (AFB)

- ☐ Not performed
- ☐ No organisms seen
- ☐ KOH +
- ☐ KOH –

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X-RAYS

Were any X-rays taken?

- Yes
- No (skip to next section)
- Don't know

Date	Date	Date
Type of X-ray	Type of X-ray	Type of X-ray
Chest	Chest	Chest
Other:	Other:	Other:
Unknown	Unknown	Unknown
Results	Results	Results
Normal	Normal	Normal
Abnormal (explain):	Abnormal (explain):	Abnormal (explain):

BLOOD TESTS

Were any blood tests performed?

- Yes
- No (skip this section)
- Don't Know

Liver Enzyme Concentrations section

AST (U/L)

ALT (U/L)

Microcystin (µg/L)

Renal Enzymes

Creatinine (mg/dL)

BUN

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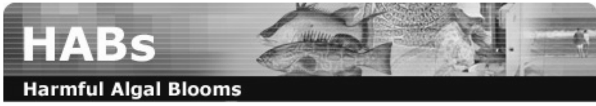

Assessment and Follow-Up

Status
- ○ Complete
- ○ Follow-up required

Is follow-up being done?
- ○ Yes
- ○ No
- ○ Don't know

Date of action: [ ] {mm/dd/yyyy}

If yes, what is being done (describe):

FINAL ASSESSMENT

Diagnosis: (check one)

- ☐ Not a HAB-related illness case
- ☐ Not likely HAB-related illness
- ☐ Possible HAB-related illness [Confirmed exposure to water with confirmed algal bloom AND onset of associated signs and symptoms within a reasonable time after exposure AND exclu other causes of signs and symptoms]
- ☐ Probable HAB-related ilnness [Meets criteria for "possible case" AND there is laboratory documentation of HAB toxin in water.]
- ☐ Confirmed HAB-related illness [Meets criteria for "probable case" AND there is documentation of HAB toxin in a clinical specimen taken from the case subjector meal remnant.]

Other cause not HAB-related
- ○ Yes
- ○ No

If not HAB-related, what is the diagnosis:

Disposition / Comments / Notes

Items to follow-up on

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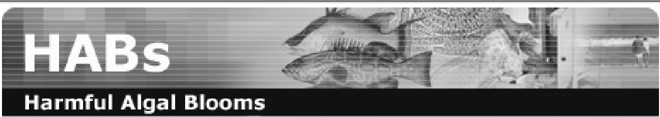

Algal Bloom Report

An Algal Bloom Report contains, on the following pages, environmental data about a particular bloom in your state.

Site Code

Approximate Start Date

Site Name

Name of Water Body

Resulting Report ID

{ 10/19/2007 9:43:03 AM }

Bloom ID Number

216

State Code

HAB, Washington - WA

Bloom

Continue to the next page to view or enter environmental data about this bloom. You may also view or enter any illness data associated with the bloom. The fields provided below link directly to the Human and Animal Illness reports, thought to be associated with this particular bloom.

Human Illness Reports

Create Link

Animal Illness Reports

Create Link

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HABs

Harmful Algal Blooms

PART 1: WATER SAMPLE INFORMATION

Was a water sample collected for the purpose of identifying organisms?

- ○ Yes
- ○ No

Date of sample collection

Time of sample collection

Type of sample collected

Water sample collected for:

- ☐ Monitoring
- ☐ Event Response
- ☐ Other:

Was water…

- ○ Moving
- ○ Stagnant
- ○ Unknown

Type of water:

- ○ Fresh
- ○ Brackish
- ○ Salt
- ○ Don't Know

Fecal coliforms tested

- ○ Yes
- ○ No
- ○ Don't Know

Fecal coliforms detected

- ○ Yes
- ○ No

If yes, what organism (i.e., Enterococci, E. coli):

Counts:

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Water Appearance

Color

Clarity

Scum observed?

- Yes
- No
- Don't Know

Location of sample collection

LATITUDE / LONGITUDE

Lat: Start

Long:

City:

County:

River mile marker/tributary:

Zip:

Sample Collector

Agency name:

City:

Zip:

Phone

Lab providing identification

Lab name:

- Federal
- State
- County
- Other (Private):

Water quality parameters

Nitrate-Nitrite (mg/L as Nitrogen)

Total Phosphorus (mg/L as P)

Total Kjeldahl Nitrogen (TKN)

Ammonium (mg/L as Nitrogen)

Chlorophyll a (µg/L)

Dissolved oxygen (mg/L)

pH

Conductivity (µS/cm)

Water temperature (°C)

Secchi disk values

Salinity(ppt)

Turbidity(ntu)

Silicate

Urea

Total Suspended Solids

Extinction Co-efficient (per meter)

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Harmful Algal Blooms

PART 2: TOXIN IDENTIFICATION

Test for Toxicity performed?

- [ ] Yes
- [ ] No
- [ ] Unknown

Toxin(s):

- [ ] Anatoxin
- [ ] Azaspiracid
- [x] Brevetoxins
- [ ] Brevetoxin-like
- [ ] Brevetoxin PbTx-1
- [ ] Brevetoxin PbTx-2
- [ ] Brevetoxin PbTX-3
- [ ] Ciguatoxins
- [ ] Cylindrospermopsin
- [ ] Ciguatoxin
- [ ] Domoic acid
- [ ] Dinophysistoxin-1
- [ ] Homoanatoxin-a
- [ ] Haemolytic toxin
- [ ] Karlotoxin
- [ ] Karlotoxin prymnesi
- [ ] Lyngbyatoxin-a
- [ ] Microcystin Total
- [ ] Microcystin LR
- [ ] Maitotoxin
- [ ] Nodularin
- [ ] Okadaic acid
- [ ] Pectenotoxin-2
- [ ] Prymnesin
- [ ] Saxitoxins
- [ ] Unidentified toxin
- [ ] Other Indentified toxin

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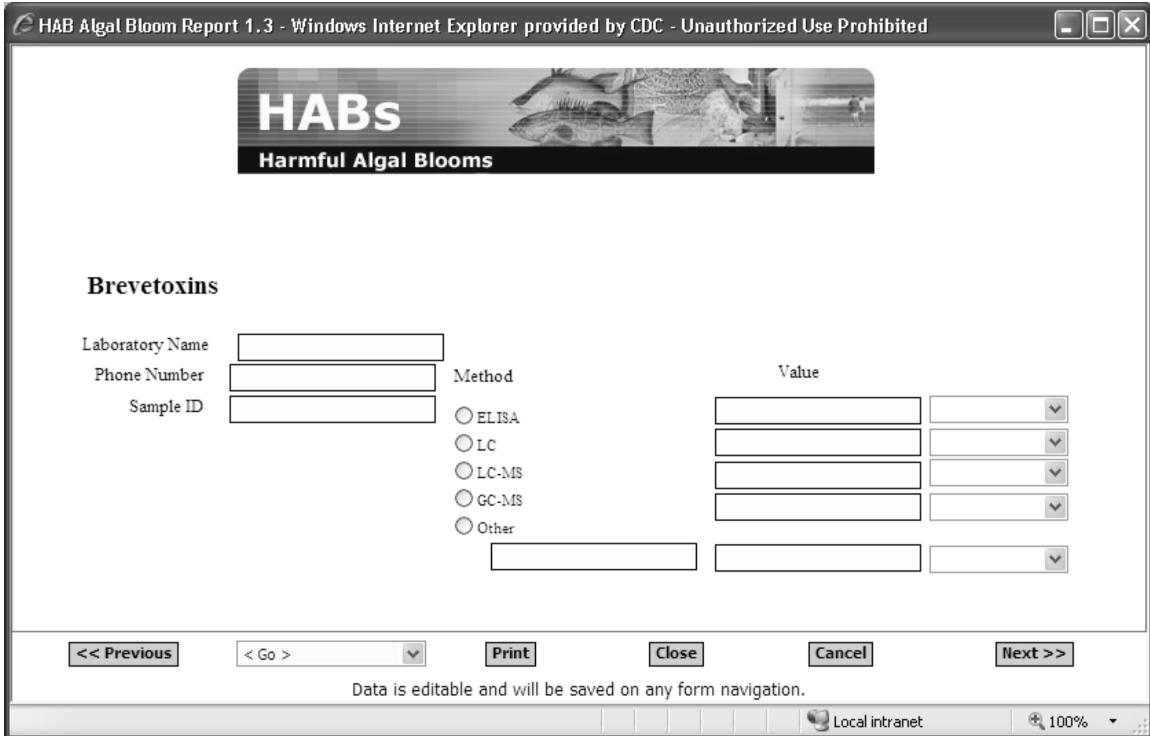
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HABs
Harmful Algal Blooms
Brevetoxins
Laboratory Name
Phone Number
Sample ID
Method
Value
ELISA
LC
LC-MS
GC-MS
Other
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HABs
Harmful Algal Blooms
Thank you for creating a Harmful Algal Bloom Report.
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Cancel
Save and Close
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