Attachment 4 0920 0004 Change Request 9 22 08

HABISS Monthly Reporting Form

Name of State Agency:		
Name of Person Submitting Report:		
Date of Submission:		
Please fill out the cases entered this month. Use a	"O" or "Don't Know	" when necessary Do not
leave any blanks. Please submit this report each m		5
· · · · · · · · · · · · · · · · · · ·	ionin to Kebecca Ler	rien by e-man
(gla7@cdc.gov) or fax, 770-488-3450.		
	0 (10 (1)	0 (0 (1):
	Sum (#) of New	Sum (#) of Historical
	Cases Entered	<u>Cases Entered</u>
Human Illness Confirmed		
Human Illness Suspect		
Non HAB-related Human Illness		
	Cum (#) of Now	Cum (#) of Historical
	Sum (#) of New Cases Entered	Sum (#) of Historical
Animal Illness Confirmed	Cases Entereu	<u>Cases Entered</u>
Animal Illness Suspect Non HAB-related Human Illness		
NOTI HAB-Telateu Human limess		
	# of New Cases	# of Historical Cases
Name of HAB- Illness Investigated	Entered (By Illness)	Entered (By Illness)
Name of TIAD- Illiness investigated	Littered (Dy <u>lliness</u>)	Littered (By <u>lliness</u>)
Anatoxin-a Poisoning		
Anatoxin-a(s) Poisoning		
Azaspiracid Poisoning (AZP)		
Brevetoxin Poisoning from Aerosols in Humans		
Brevetoxin Poisoning From Ingestion in Humans:		
Neurotoxic shellfish poisoning (NSP)		
Brevetoxin Poisoning From Ingestion in Animals:		
Food Web		
Brevetoxin Poisoning From Skin Contact (direct		
dermal and mucous membranes)		
Ciguatera Fish Poisoning		
Cylindrospermopsin Poisoning		
Diarrhetic shellfish poisoning (DSP) From Ingestion in		
Humans		
Domoic Acid Poisoning From Ingestion in Humans		
(Amnesic shellfish poisoning ASP)		
Domoic Acid Poisoning From Food Web in Animals		
Lyngbyatoxin Poisoning		
Microcystin Poisoning		

Nodularin Poisoning

Palytoxin Poisoning From Ingestion in Humans Saxitoxin Poisoning From Ingestion in Humans

(Paralytic shellfish poisoning)
Saxitoxin Poisoning From Food Web in Animals

Pectenotoxin Poisoning	
Tetrodotoxin Poisoning (pufferfish or fugu poisoning)	
Yessotoxin Poisoning	

Public reporting burden for this collection of information is estimated to average 30 minutes 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)