

**North Carolina Department of Health and Human Services  
Division of Public Health • Epidemiology Section  
Communicable Disease Branch**



**ATTENTION HEALTH CARE PROVIDERS:**

Please report relevant clinical findings about this disease event to the local health department.

Durham County Health Department  
Communicable Disease Control  
414 East Main Street  
Durham, NC 27701

Telephone: (919) 560-7600  
Fax: (919) 560-7716

**FOODBORNE POISONING: SCOMBROID FISH  
Confidential Communicable Disease Report—Part 2  
NC DISEASE CODE: 132**

**REMINDER to Local Health Department staff: If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.**

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN



Verify if lab results for this event are in NC EDSS. If not present, enter results.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name— City/State
/ /						/ /	
/ /						/ /	
/ /						/ /	

**NC EDSS PART 2 WIZARD  
COMMUNICABLE DISEASE**

Is/was patient symptomatic for this disease?  Y  N  U

If yes, symptom onset date (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_

CHECK ALL THAT APPLY:

Fever  Y  N  U  
 Yes, subjective  No  
 Yes, measured  Unknown

Highest measured temperature \_\_\_\_\_  
 Fever onset date (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_

Drowsy  Y  N  U

Sweats (diaphoresis)  Y  N  U

Thirst  Y  N  U

Extreme thirst  Y  N  U

Dehydration  Y  N  U

Signs of dehydration (choose all that apply):  
 Decreased skin turgor  
 Dry mucous membranes  
 Non-palpable pulse  
 Sunken eyes  
 Decreased urine output

Light-headedness (pre-syncope)  Y  N  U

Altered mental status  Y  N  U

Patient displayed (select all that apply):  
 Delirium  Coma  Illusions  
 Disorientation  Hallucinations

Memory loss  Y  N  U

Memory loss was:  Short term  Long term

Periods of drowsiness followed by hyperactivity  Y  N  U

Incoherent speech  Y  N  U

Headache  Y  N  U

Seizures/convulsions  Y  N  U

Please specify  
 New onset  
 Exacerbation of underlying seizure disorder  
 Other \_\_\_\_\_  
 Unknown

Ataxia  Y  N  U

Mouth tingling/burning  Y  N  U

Numbness of lips or tongue  Y  N  U

Facial flushing  Y  N  U

Pain or paresthesia of the face and/or lower extremities  Y  N  U

Hot/cold temperature sensory reversals  Y  N  U

Acute onset of peripheral neuropathy  Y  N  U

Muscle paralysis  Y  N  U

Skin rash  Y  N  U

Skin itching (pruritis)  Y  N  U

Aching teeth  Y  N  U

Shortness of breath/difficulty breathing/ respiratory distress  Y  N  U

Respiratory arrest  Y  N  U

Palpitations  Y  N  U

Cardiac arrhythmias or cardiac arrest  Y  N  U

Hypotension  Y  N  U

Lowest recorded blood pressure \_\_\_\_\_

Nausea  Y  N  U

Vomiting  Y  N  U

Abdominal pain or cramps  Y  N  U

Diarrhea  Y  N  U

Describe (select all that apply)  
 Bloody  
 Non-bloody  
 Watery  
 Other \_\_\_\_\_  
 Maximum number of stools in a 24-hour period: \_\_\_\_\_

During the 12 hours prior to onset of symptoms did the patient eat any raw or undercooked seafood or shellfish (i.e., raw oysters, sushi, etc.)?  Y  N  U

Specify type of seafood/shellfish \_\_\_\_\_

Specify place of exposure \_\_\_\_\_

During the 12 hours prior to onset of symptoms, did the patient:

Handle/eat shellfish (i.e. clams, crab, lobster, mussels, oysters, shrimp, crawfish, other shellfish)?  Y  N  U

Handle/eat finfish (i.e. Tuna, Mackerel, Skip Jack, Amber Jack, Bonito, mahi-mahi / dorado, Blue fish, Salmon, Puffer fish, Porcupine fish, Ocean sunfish, sushi)?  Y  N  U

Specify type of finfish:  
 Tuna  Puffer fish  
 Mackerel  Parrot fish  
 Skip Jack or Amberjack  Porcupine fish  
 Bonito  Ocean sunfish (Mola mola)  
 Mahi-mahi  Bluefish  
 (dorado/"blue dolphin")  Salmon  
 Sushi, unknown type of fish  
 Other: specify \_\_\_\_\_  
 Unknown

**REASON FOR TESTING**

Why was the patient tested for this condition?  
 Symptomatic of disease  
 Screening of asymptomatic person with reported risk factor(s)  
 Exposed to organism causing this disease (asymptomatic)  
 Household contact to a person reported with this disease  
 Other, specify: \_\_\_\_\_  
 Unknown

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN / /

**HOSPITALIZATION INFORMATION**

Was patient hospitalized for this illness >24 hours? .....  Y  N  U  
 Hospital name: \_\_\_\_\_  
 City, State: \_\_\_\_\_  
 Hospital contact name: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Admit date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Discharge date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**BEHAVIORAL RISK & CONGREGATE LIVING**

During the 12 hours prior to onset of symptoms did the patient live in any congregate living facilities (correctional facility, barracks, shelter, commune, boarding school, camp, dormitory/sorority/fraternity)? .....  Y  N  U  
 Name of facility: \_\_\_\_\_  
 Dates of contact: \_\_\_\_\_

During the 12 hours prior to onset of symptoms, did the patient attend social gatherings or crowded settings? .....  Y  N  U  
 If yes, specify: \_\_\_\_\_

In what setting was the patient most likely exposed?

**OTHER EXPOSURE INFORMATION**

Does the patient know anyone else with similar symptoms? .....  Y  N  U  
 If yes, specify: \_\_\_\_\_

**ISOLATION/QUARANTINE/CONTROL MEASURES**

Did local health director or designee implement additional control measures? .....  Y  N  U  
 If yes, specify: \_\_\_\_\_

Restaurant  
 Home  
 Work  
 Child Care  
 School  
 University/College  
 Camp  
 Doctor's office/  
 Outpatient clinic  
 Hospital In-patient  
 Hospital Emergency  
 Department  
 Laboratory  
 Long-term care facility  
 /Rest Home  
 Military  
 Prison/Jail/Detention  
 Center

Place of Worship  
 Outdoors, including  
 woods or wilderness  
 Athletics  
 Farm  
 Pool or spa  
 Pond, lake, river or  
 other body of water  
 Hotel / motel  
 Social gathering, other  
 than listed above  
 Travel conveyance  
 (airplane, ship, etc.)  
 International  
 Community  
 Other (specify) \_\_\_\_\_  
 Unknown

**CASE INTERVIEWS/INVESTIGATIONS**

Was the patient interviewed? .....  Y  N  U  
 Date of interview (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Were interviews conducted with others? .....  Y  N  U  
 Who was interviewed? \_\_\_\_\_

Were health care providers consulted? .....  Y  N  U  
 Who was consulted? \_\_\_\_\_

Medical records reviewed (including telephone review with provider/office staff)? .....  Y  N  U  
 Specify reason if medical records were not reviewed: \_\_\_\_\_

Notes on medical record verification: \_\_\_\_\_

**CLINICAL OUTCOMES**

Discharge/Final diagnosis: \_\_\_\_\_

Survived? .....  Y  N  U  
 Died? .....  Y  N  U  
 Died from this illness? .....  Y  N  U  
 Date of death (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**TRAVEL/IMMIGRATION**

The patient is:  
 Resident of North Carolina  
 Resident of another state or US territory  
 None of the above

Did patient have a travel history during the 12 hours prior to onset of symptoms? .....  Y  N  U  
 Travel dates: From: \_\_\_\_\_ until \_\_\_\_\_  
 To city: \_\_\_\_\_  
 To country: \_\_\_\_\_

Does patient know anyone else with similar symptom(s) who had the same or similar travel history? .....  Y  N  U  
 Name: \_\_\_\_\_

Additional travel/residency information: \_\_\_\_\_

**FOOD RISK AND EXPOSURE**

Where does the patient/patient's family typically buy groceries?  
 Store name: \_\_\_\_\_  
 Store city: \_\_\_\_\_  
 Shopping center name/address: \_\_\_\_\_

During the 12 hours prior to onset of symptoms, did the patient:  
 Eat any food items that came from a produce stand, flea market, or farmer's market? .....  Y  N  U  
 Specify source: \_\_\_\_\_  
 Eat any food items that came from a store or vendor where they do not typically shop for groceries? .....  Y  N  U  
 Specify source(s): \_\_\_\_\_  
 Handle/eat other seafood (i.e. octopus, squid) or frogs? .....  Y  N  U  
 Specify other seafood:  
 Squid  Octopus  Frog  
 Other, specify: \_\_\_\_\_

**GEOGRAPHICAL SITE OF EXPOSURE**

In what geographic location was the patient MOST LIKELY exposed?  
 Specify location:  
 In NC  
 City \_\_\_\_\_  
 County \_\_\_\_\_  
 Outside NC, but within US  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 County \_\_\_\_\_  
 Outside US  
 City \_\_\_\_\_  
 Country \_\_\_\_\_  
 Unknown

Is the patient part of an outbreak of this disease? .....  Y  N

Notes regarding setting of exposure: \_\_\_\_\_

**CHILD CARE/SCHOOL/COLLEGE**

Patient in child care? .....  Y  N  U  
 Patient a child care worker or volunteer in child care? .....  Y  N  U  
 Patient a parent or primary caregiver of a child in child care? .....  Y  N  U  
 Is patient a student? .....  Y  N  U  
 Type of school: \_\_\_\_\_  
 Is patient a school WORKER / VOLUNTEER in NC school setting? .....  Y  N  U  
 Give details: \_\_\_\_\_

Eat at a group meal? .....  Y  N  U  
 Specify:  
 Place of Worship  
 School:  
 Social function  
 Other, Specify: \_\_\_\_\_

Eat food from a restaurant? .....  Y  N  U  
 Name: \_\_\_\_\_  
 Location: \_\_\_\_\_

## **Foodborne poisoning: scombroid fish poisoning**

### **2007 Case Definition (North Carolina)**

#### **Clinical description**

Scombroid fish poisoning is an allergic reaction to scombroid histamines found in fish that experienced bacterial decay after being harvested. Symptoms of the reaction include headache, nausea, vomiting, abdominal pain, flushing or itching of the skin, and a peppery taste sensation in the mouth. Symptoms typically develop within minutes to hours after exposure. Fish that have typically been implicated include tuna, mackerel, skipjack, bonito, mahi mahi, and blue fish. Symptoms resolve spontaneously within 12 hours of onset without treatment and without any long-term adverse sequelae.

#### **Laboratory criteria for diagnosis**

- Histamine detection in an epidemiologically implicated fish

#### **Case classification**

*Probable:* a clinically compatible case with consumption of fish such as those listed above within three hours of onset of symptom.

*Confirmed:* a clinically compatible case with histamine detection in an epidemiologically implicated fish case that is epidemiologically linked to a confirmed case