# Scombroid

Alaska

☐ Outbreak
☐ Cluster

AK STARS # _____

Date first received by SOE _____ / _____ / _____

## OUTREACH/CONTACT LOG (for contact with and/or outreach to the client)

| | **Method** (phone call, letter, home-visit, clinic visit) | **Date** (mm/dd/yyyy) | **Outcome** (Left msg., interviewed, refused, unable to locate, etc.) |
|---|---|---|---|
| **1st Outreach/Contact** | | _____ / _____ / _____ | |
| **2nd Outreach/Contact** | | _____ / _____ / _____ | |
| **3rd Outreach/Contact** | | _____ / _____ / _____ | |

## CASE IDENTIFICATION

Name: _____
*last* *first* *MI*

Phone(s) Home: _____ Cell: _____

Address: _____
*Street* *City* *State* *Zip*

**Alternate Contact:** ☐ Parent/Guardian ☐ Spouse/Partner ☐ Household Member ☐ Other _____

Name: _____
*last* *first* *MI*

Phone(s) Home: _____ Cell: _____

Address: _____
*Street* *City* *State* *Zip*

## DEMOGRAPHICS

Sex: ☐ Male ☐ Female ☐ _____

Hispanic: ☐ Yes ☐ No ☐ Unknown

DOB: _____ / _____ / _____
mm dd yyyy
*Or, if unknown,* Age _____

Race:
☐ AI/AN
☐ Asian/Pacific Islander
☐ Black
☐ White
☐ Unknown
☐ Refused to answer
☐ Other _____

## CLINICAL DATA

Symptomatic? ☐ Yes ☐ No ☐ Unk

If yes, onset date _____ / _____ / _____
mm dd yyyy
onset time _____ ☐ am ☐ pm

Duration of Illness _____ ☐ hours ☐ days
-OR- ☐ Ongoing

ER Visit? ☐ Yes ☐ No ☐ Unk

Hospitalized? ☐ Yes ☐ No ☐ Unk
If yes, Hospital name: _____
Admit date _____ / _____ / _____
mm dd yyyy
Discharge date _____ / _____ / _____
mm dd yyyy
-OR- ☐ Still inpatient ☐ Unknown

**Symptoms:**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Rash | ☐ Yes ☐ No ☐ Unk | Hives | ☐ Yes ☐ No ☐ Unk | Itching | ☐ Yes ☐ No ☐ Unk |
| Headache | ☐ Yes ☐ No ☐ Unk | Drop in blood pressure | ☐ Yes ☐ No ☐ Unk | Dizziness | ☐ Yes ☐ No ☐ Unk |
| Diarrhea | ☐ Yes ☐ No ☐ Unk | Vomiting | ☐ Yes ☐ No ☐ Unk | Nausea | ☐ Yes ☐ No ☐ Unk |
| Resp distress | ☐ Yes ☐ No ☐ Unk | Constriction of airway | ☐ Yes ☐ No ☐ Unk | Heart palpitations | ☐ Yes ☐ No ☐ Unk |

CASE NAME: _____ AK STARS # _____

INTERVIEW

**Symptoms of Scombroid typically occur within 24 hrs.**

**All yes answers require additional details**.

If you have a yes answer to any exposure/consumption question, please provide relevant details in the comments section.

**Fish Exposure 1**

Date fish eaten: _____ / _____ / _____ (mm / dd / yyyy) Time eaten: _____

Type of Fish: ☐ Bluefish ☐ Tuna ☐ Mackerel ☐ Amberjack ☐ Mahi-mahi ☐ Grouper ☐ Snapper ☐ Other: _____

Part of fish consumed : _____

Amount consumed: _____

Any leftovers? ☐ Yes ☐ No ☐ Unk *If yes, acquire the leftovers*

Fish source: ☐ Restaurant ☐ Grocery/ Market ☐ Self Caught ☐ Friend ☐ Other :_____

Name of vendor: _____

Vendor location: _____

Location of harvest:_____

Date fish purchased/caught: _____ / _____ / _____ (mm / dd / yyyy)

Was fish shared? ☐ Yes ☐ No ☐ Unk *If yes, record names and contact info on next page. Additional restaurant info can also be recorded there.*

Additional info:_____

_____

_____

**Fish Exposure 2**

Date fish eaten: _____ / _____ / _____ (mm / dd / yyyy) Time eaten: _____

Type of Fish: ☐ Bluefish ☐ Tuna ☐ Mackerel ☐ Amberjack ☐ Mahi-mahi ☐ Grouper ☐ Snapper ☐ Other: _____

Part of fish consumed : _____

Amount consumed: _____

Any leftovers? ☐ Yes ☐ No ☐ Unk If yes, acquire the leftovers

Fish source: ☐ Restaurant ☐ Grocery/ Market ☐ Self Caught ☐ Friend ☐ Other :_____

Name of vendor: _____

Vendor location: _____

Location of harvest:_____

Date fish purchased/caught: _____ / _____ / _____ (mm / dd / yyyy)

Was fish shared? ☐ Yes ☐ No ☐ Unk *If yes, record names and contact info on next page. Additional restaurant info can also be recorded there.*

Additional info:_____

_____

_____

_____

**Did the case travel within Alaska or out of state during the exposure period?**

☐ Yes ☐ No ☐ Unk

If yes, complete the following table for ALL ill individuals (attach a second sheet if needed):

| **Type of travel (select all that apply)** | **Travel destination(s)** | **Date of Departure** | **Date of Return** |
|---|---|---|---|
| ☐ Within Alaska<br>☐ Outside Alaska<br>☐ Outside the U.S. | | | |

CASE NAME: _____ AK STARS # _____

**Does the case know others with similar illness, or who ate the same fish meal?**

☐ Yes ☐ No ☐ Unk

If yes, complete the following table for ALL individuals (*attach a second sheet if needed):*

| Name | Age (or DOB) | Gender | Relationship to Case | Symptoms | Illness Onset | Illness Duration | Contact Number |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Did the case eat fish from restaurants or as takeout during the exposure period?**

☐ Yes ☐ No ☐ Unk

If yes, complete the following for all restaurants/food purchase venues *(attach a second sheet if needed):*

| Restaurant Name | Location (street address and city/village) | Date visited | Items ordered | Other dining partners? | Other dining partners ill? |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

**Did the case attend any social events (parties, weddings, etc.) where he/she ate fish during the exposure period?**

☐ Yes ☐ No ☐ Unk

If yes, complete the following *(attach a second sheet if needed):*

| Event Name | Location (Where it was held) | Event Date | Items eaten | Other dining partners? | Other dining partners ill? |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

SUMMARY

Intervention(s): ☐ Hygiene education provided ☐ Health education provided ☐ Child care restriction
☐ Work or school restriction ☐ Other:

Completed by _____ Phone _____ Completed Case Report ___ / ___ / ___