

Harmful Algal Bloom-related Illness Surveillance System (HABISS)

HAB-RELATED ANIMAL ILLNESS REPORT

Problems associated with blooms of unicellular algae, known as Harmful Algal Blooms (HABs), are global and appear to be increasing in severity and extent. HABs have many economic, ecologic, and human health impacts, such as mass mortalities of fish, marine mammals, and seabirds; economic losses from reduced tourism, fish stocks, and shellfish harvests; and a suite of public health problems associated with direct exposure to toxins and the consumption of contaminated fish and shellfish. To assess the public health impacts from HABs, the National Center for Environmental Health (NCEH) created the Harmful Algal Bloom-related Illness Surveillance System (HABISS). HABISS houses data on human and animal HAB-related illnesses (e.g., cyanobacteria poisonings, shellfish poisonings, ciguatera fish poisoning, dermatologic and respiratory complaints) and environmental data characterizing HABs. The primary goal of this surveillance activity is to collect enough data to allow state and local health departments to predict HABs and be proactive in protecting public health.

This form is for the collection of demographic and health information for animals potentially exposed to a harmful algal bloom (HAB) in fresh, estuarine, or marine waters. Please complete the form as thoroughly as possible.

HAB-RELATED ANIMAL ILLNESS EVENT REPORT

HABISS # _____
Poison Center # _____
Date of this report _____

Fresh water: Poisoning from anatoxin-a , anatoxin-a(s), cylindrospermopsis, microcystins, nodularin, pseudosaxitoxin, saxitoxin, or other cyanotoxin.

Marine: Ciguatera fish poisoning, poisoning from azaspiracids (azaspiracid shellfish poisoning – ASP), brevetoxin (neurologic shellfish poisoning - NSP) , domoic acid (amnesic shellfish poisoning - ASP), okadaic acid (diarrheic shellfish poisonings – DSP), saxitoxin (paralytic shellfish poisoning – PSP).

**Unless a flock of birds,
please fill out separate form
per animal.**

Identifying information for animal caller

Name _____
Phone _____
Address _____
County _____
ZIP code _____
Animal owner (if not caller) _____
Other contact information _____

Animal description

Does the case involve a domestic animal?
 Yes No Stray Don't know

If yes, species:
 Canine Pet's Name: _____
 Stray

Breed/Description _____
 Livestock, Type _____
 Bird/Number Affected _____
 Other Domestic _____
 Wild/Describe _____

Species (list if more than one) _____
Total number of carcasses observed _____

Sex Male Female
Age _____ months/years (circle one)

Neutered Yes No Don't know

Approximate height:
Approximate weight:

Was the exposure associated with a bloom
 Yes
 No
If yes, HABISS # _____

Exposure/Mortality information

Date of exposure _____
Time of exposure _____
Duration of exposure _____

Was the animal found dead?
 Yes No Don't know

Date carcass found _____
Condition of carcass
 Fresh Scavenged

Place of exposure _____
 Beach/shoreline
 Lake/Pond
 River
 Marsh/Swamp
 Other _____

Name of place of exposure _____

Route
 Inhalation
 Dermal contact
 Ingestion
 Don't know
 Other _____

Source
 Food
 Brackish water
 Sea water
 Fresh water
 Drinking water
 Air
 Other _____

Areas in contact with water
 Head
 Paws
 Legs
 Neck
 Trunk
 Other
 Don't know

Source of report

Citizen
 Healthcare Provider
 State Agency
 County Agency
 Poison Control Center
 Biologist
 Veterinarian
 Other _____

Contact _____
Phone number _____

Environmental conditions

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

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

Clinical Signs and Symptoms - Onset is from time of first exposure, duration is from time of onset

Chief symptoms Don't know None Reported

Date _____ Time _____

What are the chief symptoms? List below:

General

- Lethargy Onset _____ Duration _____
 Fever Onset _____ Duration _____ Loss of appetite Onset _____ Duration _____
 No fear of humans Onset _____ Duration _____ Inability to fly Onset _____ Duration _____

HEENT

- Ear discharge Onset _____ Duration _____ Nasal discharge Onset _____ Duration _____
 Eye Irritation Onset _____ Duration _____ Pale gums Onset _____ Duration _____
 Eye discharge Onset _____ Duration _____ Other _____ Onset _____ Duration _____

Respiratory

- Cough Onset _____ Duration _____ Other _____ Onset _____ Duration _____
 Rapid breathing Onset _____ Duration _____
 Wheezing Onset _____ Duration _____

Cardiovascular

- Irregular beat Onset _____ Duration _____ Other _____ Onset _____ Duration _____

Gastrointestinal

- Excessive drooling Onset _____ Duration _____ Lip licking/Gagging Onset _____ Duration _____
 Vomiting Onset _____ Duration _____ Foaming @ mouth Onset _____ Duration _____
 Diarrhea Onset _____ Duration _____ Other _____ Onset _____ Duration _____

Genitourinary

- Blood In urine Onset _____ Duration _____ Other _____ Onset _____ Duration _____
 Dark urine Onset _____ Duration _____

Musculoskeletal

- Muscle pain Onset _____ Duration _____ Other _____ Onset _____ Duration _____
 Joint pain Onset _____ Duration _____

Neurologic

- Behavior change Onset _____ Duration _____ Numbness Onset _____ Duration _____
 Paralysis Onset _____ Duration _____ Weakness Onset _____ Duration _____
 Seizure Onset _____ Duration _____ Stumbling Onset _____ Duration _____
 Coma Onset _____ Duration _____ Other _____ Onset _____ Duration _____

Dermatologic

- Itching Onset _____ Duration _____ Redness/Swelling Onset _____ Duration _____
 Rash Onset _____ Duration _____ Other _____ Onset _____ Duration _____
 Jaundice Describe _____

If a rash was visible, identify the location of the rash (check all that applies)

- Left front leg Left hind leg Left front paw Left hind paw Face Trunk
 Right front leg Right hind leg Right front paw Right hind paw Neck

Describe the appearance of the rash _____

Did the animal have multiple exposures Yes No Don't know If yes, please describe _____

If yes, did symptoms recur Yes No Don't know

Other Symptoms _____

Other Comments _____

Medical information

Was animal prescribed any new medication in the month before onset of symptoms Yes No Don't know

If yes, list medications _____

If dog or cat, was animal vaccinated for leptospirosis? Y N U
If dog or cat, was animal vaccinated for distemper? Y N U
If dog or cat, was animal vaccinated for rabies? Y N U
If dog, was animal vaccinated for hepatitis? Y N U

Does the animal have any known pre-existing medical conditions or disabilities Yes No Don't know

If yes, describe

Was medical care obtained for this reported event?

Yes No Don't know

Provider _____

Location _____

Phone number _____

What is animal's current disposition

Released (date) _____

Still hospitalized (as of date) _____

Died (date) _____

If deceased, was a necropsy performed?

Yes No Pending Unknown

[If yes, attach copy]

Don't know

Notes _____

Were lab tests conducted Yes No Don't know

If yes, type and results

NOTE: Hemo tests can be entered in HABISS

Blood tests (CBC profile) _____

Cultures _____

Fecal smears _____

Histopathology _____

Skin biopsies _____

Toxicology _____

Urinalysis _____

X-rays _____

If yes, describe findings

Case assessment and Follow-up

Status Complete

Follow-up required (describe in follow-up section below)

Diagnosis

Not a HAB-related case

Not likely a HAB-related case

Possible HAB-related case*

Probable HAB-related case*

Confirmed HAB-related case*

If not HAB-related, what diagnosis _____

Notes _____

Follow-up needed _____

Date of action described _____

Photos Yes No

Report by (name) _____

Comments

* Refer to CDC case definitions

Any exposed people? _____

Description _____

HABISS # (s) _____

Disease associated with this report

Primarily associated with freshwater:

- Anatoxin-a poisoning
- Anatoxin-a(s) poisoning
- Cylindrospermopsin poisoning
- Lyngbyatoxin poisoning
- Microcystin poisoning
- Saxitoxin poisoning (Paralytic shellfish poisoning - PSP)
- Other _____

Primarily associated with marine water:

- Azaspiracid poisoning
- Brevetoxin poisoning
- Ciguatera fish poisoning
- Domoic acid poisoning (amnesic shellfish poisoning - ASP)
- Lyngbyatoxin poisoning
- Saxitoxin poisoning (Paralytic shellfish poisoning - PSP)
- Okadaic acid poisoning (Diarrhetic shellfish poisoning-DSP)
- Other _____

CDC case definition summary for selected toxins (for complete description see CDC *Proposed Case Definitions for Algal Toxin-related Diseases*)

NOTE: We do not have definite case definitions for these poisonings. We cannot rule out that a person may present with symptoms days after exposure.

Poison	Causative organism	Vector	Onset
Anatoxin-a	<i>Anabaena</i> spp. <i>Aphanizomenon</i> spp. <i>Planktothrix</i> spp.	Contaminated fresh water	minutes to hours
Anatoxin-a(s)	<i>Anabaena flos-aquae</i>	Contaminated fresh water	minutes to hours
Azaspiracid	<i>Protoperdinium</i>	Shellfish: clams, scallops, mussels, oysters	<24 hours
Brevetoxin	Dinoflagellates <i>Karenia brevis</i> Other <i>Karenia</i> spp.	Contaminated marine waters and shellfish	<24 hours
Ciguatoxins	Dinoflagellates <i>Gambierdiscus toxicus</i> <i>Gambierdiscus</i> spp	Many fish species: eel, grouper, mackerel, snapper...	<24 hours
Cylindrospermopsin	<i>Cylindrospermopsis raciborskii</i> , <i>Aphanizomenon ovalisporum</i>	Contaminated fresh water and possibly fish	hours to days
Domoic acid	<i>Pseudo-nitzschia</i> spp. <i>Nitzschia pungens</i>	Shellfish: crab, clams, scallops, mussels, oysters	<24 hours
Lyngbyatoxin	<i>Lyngbya</i> sp.	Contaminated marine waters	<24 hours
Microcystins	<i>M. Aeruginosa</i> <i>Anabaena</i> spp. <i>Planktothrix</i> spp.	Contaminated fresh water	minutes to days
Okadaic acid	<i>Dinophysis</i> sp.	Shellfish: crab, clams, scallops, mussels, crabs	minutes to hours
Saxitoxins	Dinoflagellates and Cyanobacteria (<i>Aphanizomenon</i> sp. <i>Anabaena circinalis</i>)	Shellfish (clams, cockles, mussels, oysters, whelks) or puffer fish Contaminated fresh water	<24 hours Unknown

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.

or

Meets criteria for a *Probable case* and documentation of a HAB toxin(s) in a clinical specimen provided appropriate testing is available.

Veterinarians: Please fax form to the local health department of the residence of the ill individual. A list may be found at: <http://odhlogin.sso.odh.ohio.gov/LHDdirectory/NetMgr/ODHList.aspx>

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

Local health departments please fax forms to: (614)644-1057
Harmful Algal Blooms (HAB)
Zoonotic Disease Program (ZDP)
Ohio Department of Health (ODH)

