

FOR HEALTH DEPARTMENT USE ONLY:

Veterinarian facility _____ Visit date(s) _____
Treating Veterinarian _____ Outbreak # _____

ODH USE ONLY

Date of this report _____
Interviewer initials _____
Report number _____

HARMFUL ALGAL BLOOM-RELATED ANIMAL ILLNESS REPORT

Identifying information for animal caller:

Name _____
Phone _____
Address _____
County _____
ZIP code _____
Animal Owner (if not caller) _____

Source(s) of report:

Resident Contact _____
 Healthcare Provider _____
 State Agency Phone number _____
 County Agency _____
 Poison Control Center _____
 Veterinarian _____
 Other _____

Animal description

Does the case involve a domestic animal?
 Yes No Stray Don't know
If yes, species: _____
 Canine Pet's Name: _____
 Feline Pet's Name: _____
 Other Domestic Pet's Name: _____
Breed/Description _____
Sex Male Female
Age _____ months/years
Neutered Yes No Don't know
Approximate height: _____
Approximate weight: _____
Was the exposure associated with a reported bloom?
 Yes No
 Livestock, Type _____
 Bird/Number Affected _____
 Wild/Describe _____
Species (list if more than one) _____

Exposure/Mortality Information

Date of exposure _____ Time of exposure _____
Duration of exposure _____
Was the animal found dead? Date carcass found _____
 Yes No Don't know
Condition of carcass
 Fresh Scavenged
Place of exposure _____
 Beach/shoreline Marsh/Swamp
 Lake/Pond Residence
 River/Tributary Groomer/Boarder
 Other _____
Name of place of exposure _____
Source
 Food
 Fresh water
 Drinking water
 Other _____
Presence of algae or scum on fur or body?
 Yes No
Route
 Dermal contact
 Ingestion
 Don't know
 Other _____
Areas in contact with water
 Head
 Paws
 Legs
 Neck
 Trunk
 Other _____
 Don't know

Environmental conditions

Other sick or dead animals

No
 Dead fish Count _____
 Other dead animals Count _____
Count _____ species _____
 Other sick animals species _____
Count _____
 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

No
 Yes
 Don't know

Signs and Symptoms (onset is from time of first exposure, duration is from time of onset)

Symptomatic? Yes No Unknown Date of Onset _____

What symptom(s) did the animal first experience? _____

Chief symptoms

General

<input type="checkbox"/> Lethargy	Onset _____	Duration _____	<input type="checkbox"/> Malaise	Onset _____	Duration _____
<input type="checkbox"/> Fever	Onset _____	Duration _____	<input type="checkbox"/> Other _____	Onset _____	Duration _____
<input type="checkbox"/> Loss of appetite					

HEENT

<input type="checkbox"/> Ear discharge	Onset _____	Duration _____	<input type="checkbox"/> Nasal discharge	Onset _____	Duration _____
<input type="checkbox"/> Eye Irritation	Onset _____	Duration _____	<input type="checkbox"/> Pale gums	Onset _____	Duration _____
<input type="checkbox"/> Eye discharge	Onset _____	Duration _____	<input type="checkbox"/> Other _____	Onset _____	Duration _____

Respiratory

<input type="checkbox"/> Cough	Onset _____	Duration _____	<input type="checkbox"/> Sneezing	Onset _____	Duration _____
<input type="checkbox"/> Rapid breathing	Onset _____	Duration _____	<input type="checkbox"/> Other _____	Onset _____	Duration _____
<input type="checkbox"/> Wheezing	Onset _____	Duration _____			

Cardiovascular

<input type="checkbox"/> Irregular beat	Onset _____	Duration _____	<input type="checkbox"/> Other _____	Onset _____	Duration _____
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Gastrointestinal

<input type="checkbox"/> Excessive drooling	Onset _____	Duration _____	<input type="checkbox"/> Lip licking/Gagging	Onset _____	Duration _____
<input type="checkbox"/> Vomiting	Onset _____	Duration _____	<input type="checkbox"/> Foaming at mouth	Onset _____	Duration _____
<input type="checkbox"/> Diarrhea	Onset _____	Duration _____	<input type="checkbox"/> Other _____	Onset _____	Duration _____

Genitourinary

<input type="checkbox"/> Blood in urine	Onset _____	Duration _____	<input type="checkbox"/> Other _____	Onset _____	Duration _____
<input type="checkbox"/> Dark urine	Onset _____	Duration _____			

Musculoskeletal

<input type="checkbox"/> Muscle pain	Onset _____	Duration _____	<input type="checkbox"/> Limping	Onset _____	Duration _____
<input type="checkbox"/> Joint pain	Onset _____	Duration _____	<input type="checkbox"/> Other _____	Onset _____	Duration _____

Neurologic

<input type="checkbox"/> Behavior change	Onset _____	Duration _____	<input type="checkbox"/> Weakness	Onset _____	Duration _____
<input type="checkbox"/> Paralysis	Onset _____	Duration _____	<input type="checkbox"/> Stumbling	Onset _____	Duration _____
<input type="checkbox"/> Seizure	Onset _____	Duration _____	<input type="checkbox"/> Other _____	Onset _____	Duration _____
<input type="checkbox"/> Coma	Onset _____	Duration _____			

Dermatologic

<input type="checkbox"/> Itching	Onset _____	Duration _____	<input type="checkbox"/> Jaundice (yellow tint to skin and/or eyes)	Onset _____	Duration _____
<input type="checkbox"/> Rash	Onset _____	Duration _____	<input type="checkbox"/> Fur Loss	Onset _____	Duration _____
<input type="checkbox"/> Redness/Swelling	Onset _____	Duration _____	<input type="checkbox"/> Other _____	Onset _____	Duration _____

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

Left front leg Left hind leg Left front paw Left hind paw Right front leg Right hind leg
 Right front paw Right hind paw Face Trunk Neck Other _____

Describe the appearance of the rash _____

Did the animal have multiple exposures Yes No Don't know

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 Unknown

If yes, list medications _____

If dog or cat, was animal vaccinated for leptospirosis?

Yes No Unknown

If dog or cat, was animal vaccinated for DHPP?

Yes No Unknown

If dog or cat, was animal vaccinated for rabies?

Yes No Unknown

If dog or cat, was animal vaccinated for Bordetella?

Yes No Unknown

If dog or cat, was animal vaccinated for Lyme disease?

Yes No Unknown

If dog, was animal vaccinated for hepatitis?

Yes No Unknown

If dog or cat, was animal treated for flea/tick prevention?

Yes No Unknown

If yes, how was the animal treated?

Oral medication Topical treatment Unknown

Does the animal have any known pre-existing medical conditions or disabilities? Yes No Unknown

If yes, describe

Was medical care obtained for this reported event?

Yes No Unknown

Provider _____

Location _____

Phone number _____

What is the 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 Unknown

If yes, type and results (attach results)

Blood tests (CBC profile) _____

Cultures _____

Fecal smears _____

Histopathology _____

Skin biopsies _____

Toxins _____

Urinalysis _____

X-ray _____

FOR HEALTH DEPARTMENT USE ONLY:

Assessment and Follow-up

Status Complete

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

Diagnosis

Not a HAB-related case

Suspect HAB-related case*

Probable HAB-related case*

Confirmed HAB-related case*

Disease(s) 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 _____

If not HAB-related, what diagnosis _____

Follow-up needed _____

Date of Action described _____

Photos Yes No

Report by (name) _____

Comments

*based on CDC case definitions on page 4

Any exposed people? _____

Description _____

Case definition summary for selected toxins:

Definition	Criteria							
	Exposure ¹	Signs ²	Public health assessment ³	Professional medical diagnosis ⁴	Other causes of illness ruled out	Observational or environmental data ⁵	Laboratory-based HAB data ⁶	Clinical data ⁷
Animal HAB-associated Case								
1. Suspect	Required	Required	Required					
2. Probable	Required	Required	Required			Required to have 1		
3. Probable	Required	Required	Required	Required	+/-	+/-	+/-	
4. Confirmed	Required	Required	Required	Required to have 1		+/-	+/-	Required
5. Confirmed	Required	Required	Required	Required	Required		Required	

FOOTNOTES FOR CASE DEFINITIONS:

¹ Exposure (i.e. physical contact, inhalation, ingestion) to water, algae, or seafood, dietary supplements

² Self-reported signs/symptoms after exposure

³ Public health assessment is defined as the action of compiling all data available and deciding that the illness in question is likely HAB-related.

⁴ Professional medical diagnosis being provided by a veterinarian based on his or her medical assessment of the patient’s symptoms, medical history, exposure, etc.

⁵ Observational (e.g., scum, algae, water color change, sheen, photographic evidence, satellite data) or environmental (e.g., pH, chlorophyll, nutrient levels) data from a water body to supporting the presence of an algal bloom.

⁶ Laboratory detection of cyanobacteria or other potentially toxin-producing algae, (e.g., microscopic confirmation or DNA analyses) or algal/cyanobacterial toxins (e.g., bioassay, HPLC) in a water body, finished drinking water supply, seafood or dietary supplements

⁷ Laboratory documentation of cyanobacteria, other potentially toxin-producing algae, or algal/cyanobacterial toxins in a clinical specimen.

+/-: indicates that this criteria is optional and while it strengthens the case, it does not change case classification (e.g., suspect to probable, probable to confirmed).

Veterinarian:

Please complete form, and telephone the Local Health Department of the residence of the ill individual for form submission instructions. Local health departments may be searched for at: <https://odhgateway.odh.ohio.gov/lhinformaticsystem/Directory/GetMyLHD>

If you are unable to identify the jurisdiction of residence, please telephone to your Local Health Department.

Local Health Departments:

Please fax forms to:

(614) 466-4556 (secure)
 Harmful Algal Blooms (HAB)
 Bureau of Environmental Health and Radiation Protection (BEHRP)
 Ohio Department of Health (ODH)



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