Vibrio Vulnificus (Vv) Illness Review Subcommittee Work Plan

I. Charge.

The Vv Illness Review Subcommittee will annually review all Vv cases involving the consumption of shellfish which are reported to FDA regional specialists and the Center for Disease Control (CDC). The Subcommittee will determine which cases meet the case definition of a National Shellfish Sanitation Program (NSSP) Vv case as outlined in Model Ordinance Section II Chapter II @.05. All cases meeting the NSSP definition will be included in an annual report which will be presented to the Interstate Shellfish Sanitation Conference (ISSC) Executive Board and the Vibrio Management Committee. Following ISSC Executive Board approval the report will be made available to the ISSC membership and posted on the ISSC website. The information which will be included in the report is a prerequisite for several requirements of the NSSP. Individual States do not have access to COVIS reports from other States. This data is expected to be used as follows:

- a. States to use in performing the annual risk of Vv infection analysis
- b. Used Vv Risk Evaluation
- c. Use in determining when a State needs a Vv Control Plan
- d. Use in determining when a State must implement a Vv Contingency Plan
- e. Discovering illness trends

II. Procedures.

- a. The Subcommittee will only consider cases that are reported on a CDC and Prevention Cholera *Vibrio* Illness Surveillance Report (COVIS) Form CDC 52.79 or other means
- b. FDA (currently Shellfish Specialist Mark Glatzer) will coordinate the collection of cases and COVIS forms, and other information and after redacting identifying information will make this information available to the Subcommittee.
- c. The information from the COVIS forms will be shared with the Vv Illness Review Subcommittee for review
- d. The Vv Illness Review Subcommittee will review the cases and incorporate the appropriate information into a chart (see attachment A) which will serve as the Subcommittee report.
- e. The report will be presented to the ISSC Vibrio Management Committee for consideration and will then be forwarded to the Executive Board.
- f. The availability of the report will be announced to the ISSC membership.
- III. A copy of the report will be posted on the ISSC website. Criteria and Guidelines. The Subcommittee will use the following criteria and guidelines in reviewing reported cases:
 - a. Was the illness been etiologically confirmed? In this context "etiologically confirmed "shall mean laboratory confirmation by wound, stool or blood culture. Confirmation may be by a laboratory other than a state laboratory."
 - b. Was the illness epidemiologically linked to shellfish? Epidemiologically linked will mean "associated with" the consumption of oysters. Consumption means ingested; eaten within 7 days of onset of symptoms. Date of onset may be before hospitalization. Further information may be warranted; discretion may be exercised.
 - c. Were the shellfish commercially harvested? Commercially harvested shall mean the shellfish were intended for sale or distribution in commerce. Commercial harvest will include those cases involving a foreign state.
 - d. Were the shellfish raw or undercooked? If the victim developed *Vv* septicemia after consumption shellfish the shellfish are considered to have been raw or undercooked.

- e. From what State was the shellfish harvested?
- f. Did the case involve Septicemia from consumption: The following guidance will be used in determining if the case is a septicemia or a gastroenteritis case. Clinical signs and symptoms *Vv* septicemia include:
 - Vv bacteria isolated from blood
 - Fever measured as above 100 degree Fahrenheit
 - Death as outcome (septicemia has a mortality rate of over 50% 70%)
 - Bullae (blood filled blisters) but this also can occur after a wound infection which becomes septic
 - Shock because of the sepsis (again this can happen also because of a wound infection)

Indications case may not be Vv septicemia from consumption:

- Bacteria are only isolated from wound fluid or stool and no clinical evidence of septicemia
- Cellulitis. Since cellulitis is a localized or diffuse inflammation of connective tissue with severe inflammation of dermal and subcutaneous layers of the skin (bacteria entering bodies through the skin, there might be a visible wound or just a small scratch), therefore more likely a wound infection.
- History of pre-existing and sustained wound infection
 (If both wound and oyster/seafood consumption is documented and happened within the incubation period, there is no way to differentiate why the patient is septic.)
- Septicemia has a much shorter incubation period compared to gastroenteritis, according to CDC data, *Vv* septicemia has an incubation period between 12-72 hrs, but we have seen in Louisiana cases with shorter incubation periods.

Vibrio vulnificus Criteria Review Table

Case Identifier/Number:		Criteria Status Determination		
	Criteria	Yes	No	Unknown
1.	Etiologically Confirmed?			
2.	Epidemiologically linked?			
3.	Septicemia Illness?			
4.	Reporting State:			
5.	Commercial Harvest?			
6.	Were shellfish consumed?			
a.	Specify shellfish consumed:	Oysters	Clams	Other: Specify:
b.	List date of consumption:			
c.	Is onset consistent with consumption of shellfish?			
7.	Traceback Information			
Were shipping tags available? If other traceback information reported, list:				
a. State of harvest and harvest area (s). List all reported:				
b.	Harvest date (s). List all that reported:			
8.	Comments:			