Supplementary Material

# Supplementary Figures and Tables

**Supplementary Figure 1.** Specific questionnaire developed to collect all the necessary data for the national surveillance program

Report form for neurological symptoms in relation to suspected shellfish poisoning

**Data collection sheet**

1. **POISONED PERSON**

File number FNDP (French National Database of Poisoning): …………………………………………………

Was the poisoning collective?: □ yes □ no

In case of poisoning collective, fill in a different form for each person poisoned (FNDP file numbers of the other forms: ……………….. ; ……………….. ; ………………..)

Date of birth: ……………….. Gender: □ F □ M Weight: ……………….. kg

Medical history:

□ ………………..……………….. □ ………………..………………..

□ ………………..……………….. □ ………………..………………..

□ ………………..……………….. □ ………………..………………..

1. **CIRCUMSTANCES OF EXPOSURE**

Dates and times of consumption (specify if several consumptions):

…………………………………………………………………………………………………………………………………..……………

Consumption of shellfish in the last 48 hours: □ yes □ no

Incubation period (in hours): ………………..

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Food (mussels, oysters, clams, scallops, whelks …)** | **Cooking (yes / no)** | **Place of purchase (supermarket, market, fish market, restaurant …)** | **Origin** | **Lot number** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **SUSPECTED SYNDROME (several answers possible)**

**□ Paralytic Shellfish Poisoning (PSP)**

Saxitoxin family (voltage-dependent sodium channel antagonists)

**□ Amnesic Shellfish Poisoning (ASP)**

Domoic acid (AMPA and kainate glutamatergic receptor agonist)

**□ Neurologic Shellfish Poisoning (NSP)**

Brevetoxin family (voltage-dependent sodium channel agonists)

**□ Ciguatera Shellfish Poisoning (CSP)**

Ciguatoxin family (voltage-dependent sodium channel agonists)

**□ Pinnatoxins**

Cyclic imines family (nicotinic acetylcholine receptor antagonists)

1. **SYMPTOMS**

**. Digestive signs:** □ yes □ no □ do not know

□ Nausea □ Vomiting □ Diarrhea □ Abdominal pain □ Dysphagia

**. Neuromuscular signs:** □ yes □ no

□ Paresthesia □ Hypotonia □ Muscle fasciculations

□ Ptosis □ Myasthenic syndrome □ Others: ………………..………………..

**. Neurologic signs:** □ yes □ no

□ Pyramidal syndrome□ Seizures □ Amnesia

□ Headaches □ Others: ………………..………………..

**. Respiratory signs:** □ yes □ no

□ Cough □ Dyspnea (RR: ………………..) □ Respiratory distress

**. Anticholinergic signs:** □ yes □ no

□ Agitation □ Visual hallucinations □ Auditory hallucinations □ Mydriasis

□ Acute urinary retention □ Others: ………………..………………..………………..………………..

**. Cardiovascular signs:** □ yes □ no

□ Tachycardia □ Bradycardia HR: ………………..………………..

□ High blood pressure □ Low blood pressure BP: ………………..……………….. mmHg

1. **TOXIN ANALYSIS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Toxin** | **Saxitoxins** | **Domoic acid** | **Brevetoxins** | **Ciguatoxins** | **Pinnatoxins** |
| **Concentration** |
| **Plasma** |  |  |  |  |  |
| **Urine** |  |  |  |  |  |
| **Shellfish (specify)** |  |  |  |  |  |

1. **HOSPITALIZATION:** **□ yes □ no** **(Period: ………….. days ; Location: ………………………)**
2. **EVOLUTION at 1 month** (date: ………………..………) **and 3 months** (date: ………………..………)

□ Recovery □ Sequelae (………………..………………..)

□ Death □ Unknown