

Cryptosporidiosis

PATIENT DEMOGRAPHICS

Name (last, first): _____
 Address: (mailing) _____
 Address: (physical) _____
 City/State/Zip: _____
 Phone (home): _____ Phone (work/cell) : _____
 Alternate contact: Parent/Guardian Spouse Other
 Name: _____ Phone: _____

*Birth date: __/__/____ Age: ____
 *Gender: Male Female Unk
 *Ethnicity: Not Hispanic or Latino
 Hispanic or Latino Unk
 *Race: White Black/Afr. Amer.
 Native HI/Other PI
 Am. Ind/AK Native
 Asian Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
 Investigation Start Date: __/__/____
 Earliest date reported to LHD: __/__/____
 Earliest date reported to State: __/__/____

Case Classification:
 Confirmed Probable Suspect
 Not a case Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: Laboratory Hospital Private Provider Public Health Agency Other
 Reporter Name: _____ Reporter Phone : _____
 Primary HCP Name: _____ Primary HCP Phone _____
 Phone Number: _____

CLINICAL

Onset date: __/__/____ Diagnosis date: __/__/____ Recovery date: __/__/____

Clinical Findings

Y N U
 Diarrhea
 Nausea
 Bloating or excess gas
 Weight loss with illness
 Abdominal cramps
 Vomiting
 Fever –Highest temp _____

*Hospitalization

Y N U
 Hospitalized for this illness
 Hospital name: _____
 Admit date: __/__/____ Discharge date: __/__/____

*Death

Y N U
 Died due to this illness
 Date of death: __/__/____

LABORATORY (Please submit copies of all labs associated with this illness to DIDE)

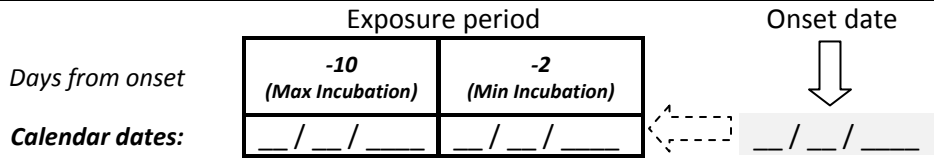
Specimen source: _____
 Collection date: __/__/____

Y N U
 Cryptosporidium organisms (stool, intestinal fluid, tissue samples or biopsy specimen)
 Cryptosporidium antigens (stool or Intestinal fluid)
 Cryptosporidium by PCR (stool, intestinal fluid, tissue samples or biopsy specimen)

Notes (clinical/laboratory)

INFECTION TIMELINE

*Instructions:
Enter onset date in grey
box. Count backward to
determine probable
exposure period*



EPIDEMIOLOGIC

Y N U

- *Drink untreated/unchlorinated water (i.e. surface, well)?
- *Recreational water exposure (i.e. swimming, water parks, spray fountains, etc.)?
Name/Location _____
- *Visit a petting zoo, farm, fair or pet shop? Where: _____
- Know someone with similar symptoms?
- *Travel to another state or country? If yes, where _____

Attend any group activities, parties or gatherings? **Yes / No** If yes, list

Date	Activity	Location

PUBLIC HEALTH ISSUES

If any household member is symptomatic, the member is epi-linked and therefore is a probable case and should be investigated further. A stool sample for parasites (O&P) and disease case report should be completed.

Name	Relationship to Case	Onset Date	Lab Testing

Y N NA

- Employed as food handler
- Non-occupational food handling (e.g. pot lucks, receptions)
- Attends or employed in child care
- Household member or close contact in sensitive occupation (food, HCW, child care)
- Case is part of an outbreak
Outbreak Name: _____

PUBLIC HEALTH ACTIONS

Y N NA

- Disease/Transmission Education Provided
- Restaurant or child care inspection
- Follow up of household members
- Testing of home/other water supply
- Test symptomatic contacts
- Patient is lost to follow up
- Other: _____

NOTES