### Cryptosporidium Information Form

**Name**: 
LAST, first, initials (a.k.a.)

**Address**: 
Street  City  Zip

**Phone number**: home (H), work (W), cell (C), message (M)

**Special housing**: 

**ALTERNATIVE CONTACT**

**Name**: 
LAST, first, initials

**Phone(s)**: home (H), work (W), cell (C), message (M)

<table>
<thead>
<tr>
<th>DEMOGRAPHICS</th>
<th>PROVIDERS, FACILITIES, LABS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DOB</strong> m/d/y</td>
<td><strong>Reporter</strong></td>
</tr>
<tr>
<td>if DOB unknown, <strong>AGE</strong></td>
<td><strong>Type (circle one)</strong></td>
</tr>
</tbody>
</table>
| **Sex**  
- female  
- male | **PMD**  
- Lab-fax |
| **Language**: | **MDx**  
- Lab-phone |
| **Country of birth**: | **ER**  
- Lab-other |
| **Worksites/school/day care center**: | **ICP**  
- HCP |
| **Occupation/grade**: | **Lab-ELR** |
| **HISPANIC**  
- Yes  
- No  
- unknown  
- declined | **Local epi_name**: |

**Date report received by LHD**: ___/___/___

<table>
<thead>
<tr>
<th>BASIS OF DIAGNOSIS</th>
<th>LABORATORY DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLINICAL DATA</strong></td>
<td><strong>Testing Lab</strong>:</td>
</tr>
</tbody>
</table>
| Symptomatic  
- yes  
- no  
- ref  
- unk | **Originating Lab**: |
| if yes, ONSET on ___/___/___ | **Collection date**: ___/___/___ |
| **diarrhea**  
- yes  
- no  
- unk | **Specimen type**:  
- stool  
- other |
| **cramps**  
- yes  
- no  
- unk | **Test Type** pos neg |
| **nausea**  
- yes  
- no  
- unk | **Antigen**  
- DFA/IFA |
| **vomiting**  
- yes  
- no  
- unk | **EIA**  
- Immunostat card |
| **loss of appetite**  
- yes  
- no  
- unk | **PCR**  
- O & P  
- cysts  
- trophs |
| **weight loss**  
- yes  
- no  
- unk | **fever** highest temp _____ |
| **Notes**: | **Hospitalized**  
- yes  
- no  
- unk | **Hospital name**: |
| | **Chart number**: |
| | **admit date** ___/___/___ **ICU** |
| | **discharge date** ___/___/___ |
| | **Status**: Check one:  
- alive  
- dead  
- unknown  
- transfer |
| | **Hospital name**: |
| | **Chart number**: |
| | **admit date** ___/___/___ **ICU** |
| | **discharge date** ___/___/___ |
| | **Status**: Check one:  
- alive  
- dead  
- unknown  
- transfer |

**Treatment**

<table>
<thead>
<tr>
<th>Drug name</th>
<th>size/dose/frequency</th>
<th>start date</th>
<th>end date</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td><em><strong>/</strong></em>/___</td>
<td><em><strong>/</strong></em>/___</td>
</tr>
</tbody>
</table>
### INFECTION TIMELINE

Enter onset date in heavy box. Count back to figure the probable exposure period. Ask about risk questions in this time period.

First call try ______/____/____ Interviewed: □ yes □ no
Interview date(s) ______/____/____ Interviewed by __________________________

Reason not interviewed (choose one)

- □ not indicated
- □ unable to reach
- □ out of jurisdiction
- □ deceased
- □ refused
- □ physician interview
- □ medical record review

### RISKS
Provide details as appropriate.

- □ yes  □ no  □ ref  □ unk
- □ travel outside home area (specify place, reason, transportation mode (car) travel companions ____________________________
- □ visitor/refugee/immigrant from endemic area
- □ foreign travel by household member
- □ raw/unpasteurized milk
- □ other raw milk product
- □ eat any soft cheese made with raw milk
- □ unpeeled fruits or vegetables
- □ raw or other unpasteurized product (circle one) (dairy, milk, fruit juice, veg juice, cider, other, unk)
- □ unpasteurized apple juice/cider
- □ restaurants, fast food, vendors
- □ eating at other gatherings (potlucks, events)
- □ attends or works in daycare center/nursery
- □ diapered children or adults
- □ contact with farm animals
- □ contact with household pets, esp puppies and kittens
- □ if yes, did the pet have loose stools
- □ work with animal products, research, slaughter house, veterinary medicine
- □ contact with other people sick with diarrhea
- □ drinking untreated surface water
- □ recreational water (pools, water slides, lakes)
  - □ if yes circle type: fresh water, hot spring, hot tub or whirlpool, interactive fountain, recreational water part, sea, swimming pool,
  - □ other ____________________________
- □ other water-related
- □ immunocompromised
- □ immunosuppressive therapy
- □ any sexual contact
  - □ if yes, was it male homosexual contact
- □ other risk, specify in notes

### OTHER FOLLOW-UP
Provide details as appropriate.

- □ yes  □ no  □ ref  □ unk
- □ does the case know anyone with a similar illnesses
- □ does case work or attend daycare
- □ is the case in diapers
- □ are other children/staff ill
- □ daycare/work restriction for case
- □ day care inspection as part of investigation
- □ follow up of household members
- □ water supply testing
- □ case educated about disease transmission

### SOURCE OF HOME WATER

- □ private well water
- □ private surface water
- □ public/community system name of company: ____________________________
- □ bottled water
- □ any well water
- □ common well water
- □ unknown
- □ other specify ____________________________

### EPI-LINKAGE

Associated with a known outbreak? □ yes □ no □ unk
Close contact of another case □ yes □ no □ unk
Specify nature of contact

- □ co-worker
- □ daycare
- □ friend
- □ household
- □ sexual

Has the above case been reported? □ yes □ no □ unk

If yes to any question, specify names, dates, places.

Outbreak ID ____________________________

### ADMINISTRATION

Orpheus July 2018

Completed by __________________________ Date ____________ Phone __________________________

Case report sent to OHA on ____/____/____

Investigation sent to OHA on ____/____/____
### CONTACT MANAGEMENT AND FOLLOW-UP

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB/Age</th>
<th>Sex</th>
<th>Relation to case</th>
<th>Occupation</th>
<th>Education provided</th>
<th>Last exposure</th>
<th>Onset date</th>
<th>Interview date</th>
<th>Sick</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>M friend</td>
<td>daycare</td>
<td>F household sexual</td>
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### NOTES

Please supply details for any of the items listed above.