



# Cryptosporidiosis

County \_\_\_\_\_

Case name (last, first) \_\_\_\_\_  
 Birth date \_\_\_/\_\_\_/\_\_\_ Sex at birth  F  M  Other Alternate name \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Address type  Home  Mailing  Other  Temporary  Work  
 Street address \_\_\_\_\_  
 City/State/Zip/County \_\_\_\_\_  
 Residence type (incl. Homeless) \_\_\_\_\_ WA resident  Yes  No

## ADMINISTRATIVE

Investigator \_\_\_\_\_  
 LHJ Case ID (optional) \_\_\_\_\_  
 LHJ notification date \_\_\_/\_\_\_/\_\_\_  
**Classification**  Classification pending  Confirmed  
 Not reportable  Probable  Ruled out  Suspect  
 Investigation status  
 In progress  
 Complete  
 Complete – not reportable to DOH  
 Unable to complete Reason \_\_\_\_\_  
 Investigation start date \_\_\_/\_\_\_/\_\_\_  
 Investigation complete date \_\_\_/\_\_\_/\_\_\_  
 Case complete date \_\_\_/\_\_\_/\_\_\_  
 Outbreak related  Yes  No  
 LHJ Cluster ID \_\_\_\_\_ Cluster Name \_\_\_\_\_

## DEMOGRAPHICS

Age at symptom onset \_\_\_\_\_  Years  Months  
**Ethnicity**  Hispanic or Latino  Not Hispanic or Latino  Unk  
**Race** (check all that apply)  Unk  Amer Ind/AK Native  
 Asian  Black/African Amer  Native HI/other PI  
 White  Other \_\_\_\_\_  
 Primary language \_\_\_\_\_  
 Interpreter needed  Yes  No  Unk  
 Employed  Yes  No  Unk Occupation \_\_\_\_\_  
 Industry \_\_\_\_\_ Employer \_\_\_\_\_  
 Work site \_\_\_\_\_ City \_\_\_\_\_  
 Student/Day care  Yes  No  Unk  
 Type of school  Preschool/day care  K-12  College  
 Graduate School  Vocational  Online  Other  
 School name \_\_\_\_\_  
 School address \_\_\_\_\_  
 City/State/County \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone number \_\_\_\_\_ Teacher's name \_\_\_\_\_

## REPORT SOURCE

Initial report source \_\_\_\_\_  
 LHJ \_\_\_\_\_  
 Reporter organization \_\_\_\_\_  
 Reporter name \_\_\_\_\_  
 Reporter phone \_\_\_\_\_  
 All reporting sources (list all that apply)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## COMMUNICATIONS

Primary HCP name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 OK to talk to patient (If Later, provide date)  
 Yes  Later \_\_\_/\_\_\_/\_\_\_  Never  
 Date of interview attempt \_\_\_/\_\_\_/\_\_\_  
 Complete  Partial  Unable to reach  
 Patient could not be interviewed  
 Alternate contact  Parent/Guardian  Spouse/Partner  
 Friend  Other \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Contact phone \_\_\_\_\_

## CLINICAL INFORMATION

Complainant ill  Yes  No  Unk Symptom Onset \_\_\_/\_\_\_/\_\_\_  Derived Diagnosis date \_\_\_/\_\_\_/\_\_\_  
 Illness duration \_\_\_\_\_  Days  Weeks  Months  Years Illness is still ongoing  Yes  No  Unk

### Clinical Features

**Y N Unk**  
   **Diarrhea** (3 or more loose stools within a 24 hour period) Onset \_\_\_/\_\_\_/\_\_\_  
   **Diarrhea of > 72 hours duration**  
   **Abdominal pain or cramps**  
   Nausea  
   **Vomiting**  
   **Anorexia (loss of appetite)**  
   Weight loss with illness  
   **Any fever**, subjective or measured Temp measured?  Yes  No Highest measured temp \_\_\_\_\_ °F

### Predisposing Conditions

**Y N Unk**  
   Immunosuppressive therapy or condition, or disease Specify \_\_\_\_\_

**Hospitalization**

**Y N Unk**

- Hospitalized at least overnight for this illness Facility name \_\_\_\_\_  
Hospital admission date \_\_\_/\_\_\_/\_\_\_ Discharge \_\_\_/\_\_\_/\_\_\_ HRN \_\_\_\_\_
- Admitted to ICU Date admitted to ICU \_\_\_/\_\_\_/\_\_\_ Date discharged from ICU \_\_\_/\_\_\_/\_\_\_
- Still hospitalized As of \_\_\_/\_\_\_/\_\_\_

**Y N Unk**

- Died of this illness Death date \_\_\_/\_\_\_/\_\_\_ Please fill in the death date information on the Person Screen

**RISK AND RESPONSE (Ask about exposures 1-12 days before symptom onset)**

**Travel**

	Setting 1	Setting 2	Setting 3
Travel out of:	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____
Destination name	_____	_____	_____
Start and end dates	___/___/___ to ___/___/___	___/___/___ to ___/___/___	___/___/___ to ___/___/___

**Risk and Exposure Information**

**Y N Unk**

- Is case a recent foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Country \_\_\_\_\_
- Does the case know anyone else with similar symptoms or illness  
Onset date, shared meals, relationship, etc. \_\_\_\_\_
- Contact with lab confirmed case
- Childcare/Day care
- Household
- Sexual
- Other \_\_\_\_\_
- Attends childcare or preschool Locations/date of exposure \_\_\_\_\_
- Contact with diapered or incontinent child or adult

**Food Exposure - Food exposure timeframe: 1-12 days prior to onset of illness**

**Sources of food IN home** - During exposure timeframe did you (your child) eat foods from:

- (1) Grocery stores or supermarkets
- (2) Home delivery grocery services (CSA, grocery delivery, Amazon Fresh, Peapod, etc)
- (3) Fish or meat specialty shops (butcher shop, etc)
- (4) Warehouse stores (Costco, Sam's Club, etc.)
- (5) Meal delivery services (Blue Apron, Meals on Wheels, Schwan's, NutriSystem, etc)
- (6) Live animal market, custom slaughter facility
- (7) Small markets/mini markets (convenience stores, gas stations, etc)
- (8) Health food stores or co-ops
- (9) Ethnic specialty markets (Mexican, Asian, Indian)
- (10) Farmers markets, roadside stands, open-air markets, food purchased directly from a farm
- (11) Other \_\_\_\_\_

Type of Business (enter number next to choices above)	Business name	Address/location

**Sources of food outside home** - During exposure timeframe did you (your child) eat foods from:

- (1) Fast casual (Chipolte, Panera, etc)
- (2) Fast food (McDonald's, Burger King, Wendy's)
- (3) Sandwich shop, deli
- (4) Jamaican, Cuban, or Caribbean
- (10) Chinese, Japanese, Vietnamese, other Asian-style
- (11) All-you-can-eat buffet
- (12) Breakfast, brunch, diner, or café
- (13) Middle Eastern, Greek/Mediterranean, Arabic, Lebanese,

- (5) Ready-to-eat prepared food from grocery or deli
- (6) An event where food was served (catered event, festival, church, or community meal)
- (7) Mexican, Salvadorian, other Hispanic/Latino-style
- (8) Food trucks, food stalls/stands
- (9) School, hospital, senior center, or other institutional setting
- (14) Any takeout from a restaurant
- (15) Healthy restaurant (vegetarian, vegan, salad-based)
- (16) Salad bar at a grocery store or restaurant
- (17) Other \_\_\_\_\_

African

Type of Business (enter number next to choices above)	Restaurant/venue name	Date	Time of meal (Breakfast, Brunch, Lunch, Happy Hour, Dinner, Other)	Food ordered/eaten	Address/location
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other _____		

**Y M N Unk**

Any food sampled (grocery, warehouse stores, food court, etc.) \_\_\_\_\_

**Consumed any of the following during exposure period**

*Eggs and Dairy*

**Y M N Unk**

Raw/unpasteurized milk (including cow, goat, sheep, etc.)  
Dairy animal type  Cow  Goat  Sheep  Other \_\_\_\_\_  
Type, variety or brand \_\_\_\_\_

Any raw/unpasteurized milk left over

Cheese made from raw/unpasteurized milk including homemade, farm-fresh, and door-to-door cheeses  
Type, variety or brand \_\_\_\_\_

Any raw/unpasteurized cheese left over

Other raw/unpasteurized dairy product (e.g., yogurt, kefir, ice cream)  
Type, variety or brand \_\_\_\_\_

Any raw/unpasteurized dairy product left over

*Seafood*

**Y M N Unk**

Fish and seafood Type \_\_\_\_\_  
    Raw or undercooked shellfish

*Drinks*

**Y M N Unk**

Juices and smoothies  
    Juice or cider Type \_\_\_\_\_  
    Unpasteurized juices or cider Type \_\_\_\_\_

**Water Exposure**

**Y N Unk**

**Describe**

Source of drinking water known  
   Bottled water \_\_\_\_\_  
   Public water system \_\_\_\_\_  
   Individual well \_\_\_\_\_  
   Shared well \_\_\_\_\_  
   Other \_\_\_\_\_

- Untreated/unchlorinated water (e.g., surface, well, lake, stream, spring) \_\_\_\_\_
- Any recreational water exposure (e.g., lake, river, pool, waterpark) \_\_\_\_\_
- Water site name/location \_\_\_\_\_
- Treatment  Treated  Untreated  Unk
- Type  Lake  River  Pool/hot tub  Wading pool  Fountain  Waterpark
- Splash pad/water playground  Other

**Animal Exposure**

**Y N Unk**

- Any contact with pet animals at home or elsewhere
- Cats or kittens \_\_\_\_\_
- Dogs or puppies \_\_\_\_\_
- Any sick pets \_\_\_\_\_
- Any new household pets in the last month \_\_\_\_\_

- Any contact with farm animals, including chickens or ducks

- Cows or calves
- Donkeys
- Goats
- Horses or ponies
- Sheep
- Pigs or swine

- Other animal contact \_\_\_\_\_
- Applied or handled compost/manure
- Contact with animal manure/droppings other than dogs or cats \_\_\_\_\_

*Animal Settings*

**Y N Unk**

- Live on a farm or other setting that has farm animals \_\_\_\_\_
- Household member works with animals \_\_\_\_\_
- Hunting/butchering \_\_\_\_\_
- Work with animals or animal products (e.g., research, farming, veterinary medicine, animal slaughter)

*Exposure to any of the following facilities/settings even if no direct animal contact*

	<b>Y</b>	<b>N</b>	<b>Unk</b>	<b>Describe</b>	<b>Type of exposure</b>
Research facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Slaughterhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Veterinary facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit

*Visited or worked on any of the following settings even if no direct animal contact*

	<b>Y</b>	<b>N</b>	<b>Unk</b>	<b>Location, animals, etc.</b>	<b>Type of exposure</b>
Petting zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Dairy farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Other farm contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Agricultural 'Farm and Feed' store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
County/state fairs, 4-H events, or similar events where animals are present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Pet store or other places where animals are sold or adopted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Attended any school events, birthday parties, or similar events with animals/pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Other setting with animals Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit

**Sexual Exposure**

**Y N Unk**

- Any type of sexual contact with others during the exposure period

Number of sexual partners during exposure period \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

**Exposure and Transmission Summary**

**Y N Unk**

**Epi-linked to a confirmed case**

Outbreak related

Likely geographic region of exposure  In Washington – county \_\_\_\_\_  Other state \_\_\_\_\_  
 Not in US - country \_\_\_\_\_  Unk

International travel related  During entire exposure period  During part of exposure period  No international travel

Suspected exposure type  Foodborne  Waterborne  Animal related  Person to person  Sexual  
 Health care associated  Unk  Other \_\_\_\_\_

Describe \_\_\_\_\_

Suspected exposure setting  Daycare/Childcare  School (not college)  Doctor's office  Hospital ward  Hospital ER  
 Hospital outpatient facility  Home  Work  College  Military  Correctional facility  Place of worship  
 Laboratory  Long term care facility  Homeless/shelter  International travel  Out of state travel  Transit  
 Social event  Large public gathering  Restaurant  Hotel/motel/hostel  Other \_\_\_\_\_

Describe \_\_\_\_\_

Exposure Summary

**Public Health Issues**

**Y N Unk**

Hygiene education provided

Follow-up of household members

Work or childcare restriction for case

Work or childcare restriction for symptomatic contacts

**Public Health Interventions/Actions**

**Y N Unk**

Childcare inspection

Test symptomatic contacts

Water supply implicated

Testing of home/Other water supply

Letter sent Date \_\_\_/\_\_\_/\_\_\_ Batch date \_\_\_/\_\_\_/\_\_\_

Any other public health action \_\_\_\_\_

**TREATMENT**

**Y N Unk**

Did patient receive prophylaxis/treatment

Specify antibiotic \_\_\_\_\_

Number of days actually taken \_\_\_\_\_

**NOTES**

**LAB RESULTS**Lab report information**Lab report reviewed – LHJ** 

WDRS user-entered lab report note \_\_\_\_\_

Submitter \_\_\_\_\_

Performing lab for entire report \_\_\_\_\_

Referring lab \_\_\_\_\_

Specimen**Specimen identifier/accession number** \_\_\_\_\_**Specimen collection date** \_\_\_/\_\_\_/\_\_\_ **Specimen received date** \_\_\_/\_\_\_/\_\_\_**WDRS specimen type** \_\_\_\_\_

WDRS specimen source site \_\_\_\_\_

WDRS specimen reject reason \_\_\_\_\_

Test performed and result**WDRS test performed** \_\_\_\_\_**WDRS test result, coded** \_\_\_\_\_

WDRS test result, comparator \_\_\_\_\_

**WDRS result, numeric only** (enter only if given, including as necessary **Comparator** and **Unit of measure**) \_\_\_\_\_

WDRS unit of measure \_\_\_\_\_

Test method \_\_\_\_\_

WDRS interpretation code \_\_\_\_\_

Test result – Other, specify \_\_\_\_\_

**WDRS result summary**  Positive  Negative  Indeterminate  Equivocal  Test not performed  PendingTest result status  Final results; Can only be changed with a corrected result Preliminary results Record coming over is a correction and thus replaces a final result Results cannot be obtained for this observation Specimen in lab; results pending

Result date \_\_\_/\_\_\_/\_\_\_

**Upload document**Ordering Provider

WDRS ordering provider \_\_\_\_\_

Ordering facility

WDRS ordering facility name \_\_\_\_\_