



# Cyclosporiasis

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 \_\_\_\_\_  
 Name \_\_\_\_\_ 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 date \_\_\_/\_\_\_/\_\_\_  
   **Watery diarrhea**  
   **Abdominal pain or cramps**  
   Nausea  
   Vomiting  
   Weight loss with illness Baseline weight \_\_\_\_\_ Number of pounds lost \_\_\_\_\_  
   **Abdominal bloating or gas**  
   **Any fever, subjective or measured** If yes, Temp measured?  Yes  No Highest measured temp \_\_\_\_\_ °F  
   Low grade fever  
   Anorexia (loss of appetite)  
   Fatigue  
   Malaise  
   Myalgia (muscle aches or pain)

**Predisposing Conditions**

**Y N Unk**

Immunosuppressive therapy, 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 \_\_\_/\_\_\_/\_\_\_

Mechanical ventilation or intubation required

Still hospitalized As of \_\_\_/\_\_\_/\_\_\_

**Y N Unk**

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

Autopsy performed

Death certificate lists disease as a cause of death or a significant contributing condition

**RISK AND RESPONSE (Ask about exposures 1-14 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. \_\_\_\_\_

**Food Exposure - Food exposure timeframe: 1-14 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
- (5) Ready-to-eat prepared food from grocery or deli
- (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, African

- (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 \_\_\_\_\_

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		
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			<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**

*Produce*

**Y M N Unk**

- Fresh herbs (e.g., cilantro, basil, parsley, chives, mint, other)
- Cilantro
- Basil
- Sweet basil
- Thai basil (i.e. green leaves and purple stems)
- Purple basil (i.e. purple leaves and stems)
- Parsley
- Sage
- Thyme
- Dill
- Chives
- Mint
- Oregano
- Rosemary
- Other fresh herbs \_\_\_\_\_

- Leafy greens (arugula, mesclun, spinach, lettuce)
- Arugula
- Mesclun (spring mix, field greens, baby greens, gourmet salad mix)
- Fresh spinach
- Romaine lettuce
- Other type of lettuce \_\_\_\_\_
- Unknown type of lettuce \_\_\_\_\_

- Fresh fruit (berries, melons, citrus, tropical fruit)
- Berries
- Black raspberries
- Blackberries

- Blueberries
- Golden raspberries
- Raspberries
- Strawberries
- Unknown type of berry
- Other \_\_\_\_\_

- Other fresh produce
- Snow peas (flat, shiny pea pods containing tiny peas)
- Fruit other than berries \_\_\_\_\_
- Other type of fresh produce \_\_\_\_\_
- Unknown type of fresh produce \_\_\_\_\_

**Water Exposure**

- | <b>Y N Unk</b>   | <b>Describe</b>   |
|--|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Source of drinking water known  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Untreated/unchlorinated water (e.g., surface, well, lake, stream, spring) _____   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Any recreational water exposure (e.g., lake, river, pool, waterpark) _____  |
|  | Water site name/location _____  |
|  | Treatment <input type="checkbox"/> Treated <input type="checkbox"/> Untreated <input type="checkbox"/> Unk  |
|  | Type <input type="checkbox"/> Lake <input type="checkbox"/> River <input type="checkbox"/> Pool/hot tub <input type="checkbox"/> Wading pool <input type="checkbox"/> Fountain <input type="checkbox"/> Waterpark |
|  | <input type="checkbox"/> Splash pad/water playground <input type="checkbox"/> Other   |

**Sexual Exposure**

- 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  Unk  Other \_\_\_\_\_
- Describe \_\_\_\_\_
- Suspected exposure setting  Day care/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 Interventions/Actions**

- Y N Unk**
- Commercial product implicated
  - Initiate trace-back investigation
  - Letter sent Date \_\_\_/\_\_\_/\_\_\_ Batch date \_\_\_/\_\_\_/\_\_\_

**TREATMENT**

- Y N Unk**
- Is case-patient allergic to (or intolerant of) sulfa drugs
  - Did patient receive prophylaxis/treatment
  - Specify medication \_\_\_\_\_  Fungal/Parasitic  Other

**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  Pending

Test 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 \_\_\_\_\_