Cyclosporiasis

County

Case name (last, first) ___
Birth date ___/___/___ Age at symptom onset ___ ☐ Years ☐ Months
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 ☐ Investigation in progress ☐ Not reportable ☐ Probable ☐ Ruled out ☐ Suspect

Investigation status
☐ Complete ☐ Complete – not reportable to DOH ☐ Unable to complete Reason ___ ☐ In progress

Dates: **Investigation start** ___/___/__ Investigation complete ___/___/__ Record complete ___/___/__ **Case complete** ___/___/__

REPORT SOURCE

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

DEMOGRAPHICS

Sex at birth: ☐ Female ☐ Male ☐ Other ☐ Unknown

Do you consider yourself (your child) Hispanic, Latino/a, or Latinx?
Ethnicity ☐ Hispanic, Latino/a, Latinx ☐ Non-Hispanic, Latino/a, Latinx ☐ Patient declined to respond ☐ Unknown

What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like (check all responses):
Race ☐ Amer Ind/AK Native (***specify***: ☐ Amer Ind ***and/or*** ☐ AK Native) ☐ Asian ☐ Black or African American
☐ Native HI/Pacific Islander (***specify***: ☐ Native HI ***and/or*** ☐ Pacific Islander) ☐ White ☐ Patient declined to respond ☐ Unk

Additional race information:
☐ Afghan ☐ Afro-Caribbean ☐ Arab ☐ Asian Indian ☐ Bamar/Burman/Burmese ☐ Bangladeshi ☐ Bhutanese
☐ Central American ☐ Cham ☐ Chicano/a or Chicanx ☐ Chinese ☐ Congolese ☐ Cuban ☐ Dominican ☐ Egyptian
☐ Eritrean ☐ Ethiopian ☐ Fijian ☐ Filipino ☐ First Nations ☐ Guamanian or Chamorro ☐ Hmong/Mong
☐ Indigenous-Latino/a or Indigenous-Latinx ☐ Indonesian ☐ Iranian ☐ Iraqi ☐ Japanese ☐ Jordanian ☐ Karen
☐ Kenyan ☐ Khmer/Cambodian ☐ Korean ☐ Kuwaiti ☐ Lao ☐ Lebanese ☐ Malaysian ☐ Marshallese ☐ Mestizo
☐ Mexican/Mexican American ☐ Middle Eastern ☐ Mien ☐ Moroccan ☐ Nepalese ☐ North African ☐ Oromo
☐ Pakistani ☐ Puerto Rican ☐ Romanian/Rumanian ☐ Russian ☐ Samoan ☐ Saudi Arabian ☐ Somali
☐ South African ☐ South American ☐ Syrian ☐ Taiwanese ☐ Thai ☐ Tongan ☐ Ugandan ☐ Ukrainian
☐ Vietnamese ☐ Yemeni ☐ Other: ___

What is your (your childs) preferred language? Check one:
☐ Amharic ☐ Arabic ☐ Balochi/Baluchi ☐ Burmese ☐ Cantonese ☐ Chinese (unspecified) ☐ Chamorro ☐ Chuukese
☐ Dari ☐ English ☐ Farsi/Persian ☐ Fijian ☐ Filipino/Pilipino ☐ French ☐ German ☐ Hindi ☐ Hmong ☐ Japanese
☐ Karen ☐ Khmer/Cambodian ☐ Kinyarwanda ☐ Korean ☐ Kosraean ☐ Lao ☐ Mandarin ☐ Marshallese ☐ Mixteco
☐ Nepali ☐ Oromo ☐ Panjabi/Punjabi ☐ Pashto ☐ Portuguese ☐ Romanian/Rumanian ☐ Russian ☐ Samoan
☐ Sign languages ☐ Somali ☐ Spanish/Castilian ☐ Swahili/Kiswahili ☐ Tagalog ☐ Tamil ☐ Telugu ☐ Thai ☐ Tigrinya
☐ Ukrainian ☐ Urdu ☐ Vietnamese ☐ Other language: ___ ☐ Patient declined to respond ☐ Unknown

Interpreter needed ☐ Yes ☐ No ☐ Unk

EMPLOYMENT AND SCHOOL

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 __________

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 ____________________

Outbreak related ☐ Yes ☐ No LHJ Cluster ID __________ Cluster Name ______________

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 _______ºF
☐ ☐ ☐ 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:	☐ County/City ________ ☐ State ________ ☐ Country ________ ☐ Other ________	☐ County/City ________ ☐ State ________ ☐ Country ________ ☐ Other ________	☐ County/City ________ ☐ State ________ ☐ Country ________ ☐ 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
- ☐ (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
- ☐ (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
- ☐ (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**
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ 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
Y N Unk **Describe**
☐ ☐ ☐ Source of drinking water known
☐ ☐ ☐ 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

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 ☐ 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 ___/___/___

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