Washington State Department of Health

Giardiasis

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 date ___/___/___
☐	☐	☐	**Pale, greasy, or odorous stool**
☐	☐	☐	**Abdominal pain or cramps**
☐	☐	☐	**Weight loss with illness**
☐	☐	☐	**Abdominal bloating or gas**

Predisposing Conditions

Y	N	Unk	
☐	☐	☐	Immunosuppressive therapy or condition, or disease _____

Physician Reporting/Patient Healthcare

Y	N	Unk	
☐	☐	☐	Health care record contains a diagnosis of giardiasis

Giardia required variables are in **bold.** Answers are: Yes, Maybe, No, Unknown to case

Hospitalization

Y N Unk

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

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 3-25 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. _____
☐ ☐ ☐ Contact with lab confirmed case
☐ ☐ ☐ Childcare/Day care
☐ ☐ ☐ Household
☐ ☐ ☐ Sexual
☐ ☐ ☐ Other _____
☐ ☐ ☐ Attends childcare or preschool Location/details _____
☐ ☐ ☐ Contact with diapered or incontinent child or adult

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 _____
☐ ☐ ☐ Baby chicks, ducklings or other baby poultry _____
☐ ☐ ☐ Adult chickens, turkeys, or other adult poultry _____
☐ ☐ ☐ Other animal contact _____

Animal Settings

Y N Unk

☐ ☐ ☐ Live on a farm or other setting that has farm animals _____

Y N Unk

☐ ☐ ☐ 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

	Y N Unk	Describe	Type of exposure
Research facility	☐ ☐ ☐		☐ Work ☐ Visit
Slaughterhouse	☐ ☐ ☐		☐ Work ☐ Visit
Veterinary facility	☐ ☐ ☐		☐ Work ☐ Visit

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

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

Food Exposure - ***Food exposure timeframe: 3-25 days prior to onset of illness – optional if another exposure is likely***

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)
☐ (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

☐ (7) Mexican, Salvadorian, other Hispanic/Latino-style
☐ (8) Food trucks, food stalls/stands
☐ (9) School, hospital, senior center, or other institutional setting
☐ (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.) ___________________________________

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 ☐ 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

Case Name _____ LHJ Case ID _____

Suspected transmission type (check all that apply) ☐ Foodborne ☐ Waterborne ☐ Person to person ☐ Sexual ☐ Unk
☐ Other _____
Describe _____

Suspected transmission setting (check all that apply) ☐ 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 _____

Public Health Issues

Y	N	Unk	
☐	☐	☐	Household member or close contact in sensitive occupation or setting (HCW, childcare, food)
☐	☐	☐	Non-occupational food handling (e.g., potlucks, receptions) during contagious period
☐	☐	☐	Employed as a food handler
☐	☐	☐	Employed as health care worker
☐	☐	☐	Employed in childcare or preschool

If needed, enter detailed information in the Transmission Tracking Question Package

Public Health Interventions/Actions

Y	N	Unk	
☐	☐	☐	Exclude case from sensitive occupations (HCW, food, childcare) or situations (childcare) until diarrhea ceases
☐	☐	☐	Exclude symptomatic contacts from sensitive occupations (HCW, food, childcare) or situations (childcare) until diarrhea ceases
☐	☐	☐	Hygiene education provided
☐	☐	☐	Childcare inspection
☐	☐	☐	Test symptomatic contacts
☐	☐	☐	Restaurant inspection Name/Location _____
☐	☐	☐	Letter sent. Date: ___/___/_____. Batch date: ___/___/_____

TRANSMISSION TRACKING

Visited, attended, employed, or volunteered at any public settings while contagious ☐ Yes ☐ No ☐ Unk
Settings and details (check all that apply)
☐ Day care ☐ School ☐ Airport ☐ Hotel/Motel/Hostel ☐ Transit ☐ Health care ☐ Home ☐ Work ☐ College
☐ Military ☐ Correctional facility ☐ Place of worship ☐ International travel ☐ Out of state travel ☐ LTCF
☐ Homeless/shelter ☐ Social event ☐ Large public gathering ☐ Restaurant ☐ Other

	Setting 1	Setting 2	Setting 3	Setting 4
Setting type (as checked above)				
Facility name				
Start date	___/___/___	___/___/___	___/___/___	___/___/___
End date	___/___/___	___/___/___	___/___/___	___/___/___
Time of arrival				
Time of departure				
Number of people potentially exposed				
Details (hotel room #, HC type, transit info, etc.)				
Contact information available for setting (who will manage exposures or disease control for setting)	☐ Y ☐ N ☐ Ukn	☐ Y ☐ N ☐ Ukn	☐ Y ☐ N ☐ Ukn	☐ Y ☐ N ☐ Ukn
Is a list of contacts known?	☐ Y ☐ N ☐ Ukn	☐ Y ☐ N ☐ Ukn	☐ Y ☐ N ☐ Ukn	☐ Y ☐ N ☐ Ukn

If list of contacts is known, please fill out Contact Tracing Form Question Package

TREATMENT

Did patient receive prophylaxis/treatment ☐ Yes ☐ No ☐ Unk
Specify medication _____

NOTES

Case Name _____ LHJ Case ID _____

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 _____