Washington State Department of HEALTH

Giardiasis

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

Case Name _____ LHJ Case ID _____

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 ___/___/___
☐	☐	☐	**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

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 _____

Y N Unk
☐ ☐ ☐ 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 _____
☐	☐	☐	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

Case Name _____ LHJ Case ID _____

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)
- ☐ (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.) _____

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

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: ___/___/_____

Case Name _____ LHJ Case ID _____

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

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 _____

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