

CRYPTOSPORIDIOSIS CASE INVESTIGATION FORM

Use this form to interview confirmed and probable cases of cryptosporidiosis.

Questions marked with * are required in FoodNet counties (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson) and must be entered into CEDRS

Patient Name: _____ CEDRS # _____ Interview date: ___/___/___
Agency Name: _____ Form Completed by: _____
Person interviewed: Case Other (circle: Parent Spouse Household member Friend)

Demographics and Contact Information

*Date of Birth ___/___/___ Age: _____ (Circle: Yrs., Mos., Days) *Sex: F M

*Race (Circle all that apply):

American Indian/Alaska Native Asian Black Unknown
Pacific Islander/Hawaiian Native White Other

*Ethnicity (Circle one): Hispanic Non Hispanic Unknown

Language spoken: _____ Parent/legal guardian: _____

Residence:

Address: _____
City: _____
County: _____
Zip Code: _____

Phone Numbers:

Home Phone: (____) _____
Work Phone: (____) _____
Pager: (____) _____
Mobile: (____) _____

Laboratory information ****please confirm lab information with patient, even if already in CEDRS

Laboratory confirmed: Yes No Test performed: acid fast stain (microscopy) EIA DFA
Lab or hospital name: _____

*Date specimen(s) collected: ___/___/___ *Specimen source: Stool Other: _____

Physician Name: _____ MD Phone: (____) _____

Clinic Name: _____ City/State: _____

Clinical Description (Yes=Y; No=N; Unknown=U)

Did the patient have symptoms?: Y N U If yes, *onset date ___/___/___ Time: ___ AM / PM

Did the patient have:

Diarrhea Y N U Fever (max temp____) Y N U Weight loss Y N U
Date diarrhea onset ___/___/___ Vomiting Y N U Other____ Y N U
Bloody diarrhea Y N U Abd. cramps Y N U

How many days did the illness last? _____ days

Did case receive antiparasitic medication for this illness? Y N U Med name: _____

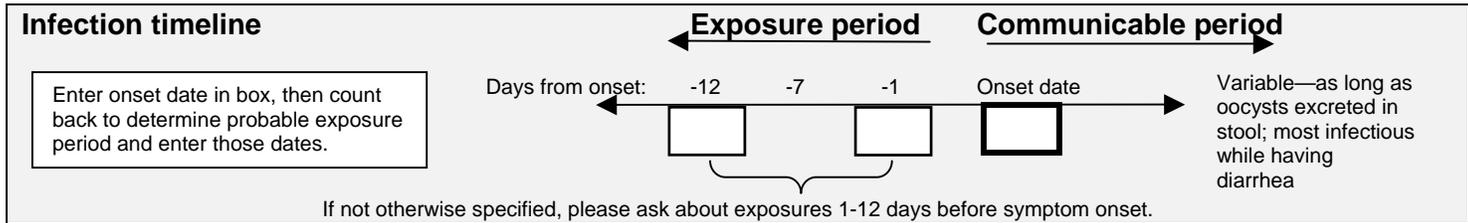
*Outcome: Survived Died Unk (FoodNet counties: record pt outcome on 7th day after specimen collect date)
If died, date of death: ___/___/___

*Was patient hospitalized? Yes No Unk (ER visits only not considered "hospitalized")

If hospitalized: *Hospital Name: _____ *Date of Discharge: ___/___/___
*Date of Admission: ___/___/___ *Transfer hosp name: _____
*Transferred to another hospital? Yes No Unk

Does patient have an immunosuppressive condition? Y N U

Does patient take immunosuppressive medication? Y N U



Travel information (15 day time frame required by CDC)

*Did patient travel outside the US in the 15 days prior to the onset of illness? Yes No Unk

If yes, Country Date left US Date returned to US

(1) _____

(2) _____

(3) _____

Check box if case was adopted or immigrated to US (no "date left US")

Did patient travel within the US in the 15 days prior to the onset of illness? Yes No Unk

If yes, where/when: _____

Water *****Remind patient not to swim for 2 weeks after resolution of diarrhea*****

During the 12 days before illness, what was patient's source of drinking water at home?

Municipal Name _____

Private source: Well water Surface water _____

Bottled water Name/Brand _____

Other _____

Does patient use a water filter at home? Y N U What type? _____

Did patient drink any untreated water from a pond, stream, spring, river or lake? Yes No Unk

Did the patient swim or wade in any of the following types of recreational water? If yes, location / dates:

Hot tub/spa, whirlpool, Jacuzzi Y N U

Lake, pond, river, or stream Y N U

Recreational water park or any type of fountain Y N U

Swimming or wading pool Y N U

Drainage ditch/irrigation canal Y N U

Other, specify: _____

During the 2 weeks **after** the patient's diarrhea resolved, did the patient swim or wade in any of the following? If yes, location / dates:

Hot tub/spa, whirlpool, Jacuzzi Y N U

Lake, pond, river, or stream Y N U

Recreational water park or any type of fountain Y N U

Swimming or wading pool Y N U

Drainage ditch/irrigation canal Y N U

Other, specify: _____

Pet or animal exposure

Did the patient visit or live on a farm within 1-12 days prior to illness? Yes No Unk

Visit any animal exhibits (petting zoo, county fair, etc) Yes No Unk

If yes to either, did the case have exposure to manure? Yes No Unk

Have a pet or contact with other people's pets? Yes No Unk

If yes to any of these, indicate the animals with which patient had contact:

Dog/puppy	Y N	Chick/duckling	Y N	Rodent (e.g. mouse, hamster, guinea pig)	Y N
Cat/kitten	Y N	Sheep	Y N	Exotic bird (e.g. parakeet, parrot)	Y N
Cow/calf	Y N	Pig	Y N	Other? specify: _____	Y N
Chicken	Y N	Horse	Y N		

Were any of these animals recently acquired or recently ill? Y N

If Yes, provide details: _____

Restaurant history/Group activities

Any restaurants, group gatherings, picnics, or sporting events during the 12 days before illness? Yes No Unk

<i>If yes, Name</i>	<i>Address</i>	<i>Date of Exposure</i>	<i>Foods Eaten</i>

Did others accompanying the case become ill with diarrhea, fever, or abdominal pain? Yes No Unk
(If others became ill after a common exposure, this may be an outbreak. Interview ill persons and call regional epidemiologist or CDPHE for assistance)

Grocery / food store history

List the food store(s) or grocery store(s) for foods consumed during 1-12 days prior to illness:

Name/location: _____
 Name/location: _____

Food history Interviewer: *if patient is unsure, ask patient if it is likely if s/he ate a particular food item*

During 1-12 days prior to onset of illness: Provide details including where food obtained, when consumed, etc, below:

Nonpasteurized (raw) milk	Y	N	U
Other nonpasteurized milk products (Queso fresco, ice cream, etc)	Y	N	U
Any juice or cider that was NOT pasteurized	Y	N	U
Any produce obtained at a farm or farm stand	Y	N	U
Bottled water with flavors or vitamins	Y	N	U

Childcare/School/Work

Occupation: _____ Student? Yes No
 Place of Employment: _____ *If yes, Name of School:* _____

Does the case...

Attend, work or volunteer at a child care center / preschool?	Yes	No	Unk
Have a child(ren) in a child care center?	Yes	No	Unk
Attend, work or volunteer at a residential facility? (e.g. nsg home)	Yes	No	Unk

If yes to any of the above,

Name and location of facility _____			
Are other children/staff ill?	Yes	No	Unk
Provide direct patient care as a health care worker?	Yes	No	Unk
<i>If yes, name and location of facility</i> _____			
Work as a food handler?	Yes	No	Unk
<i>If yes, name and location of facility</i> _____			

Since the case became ill, did case prepare food for any public or private gatherings? Yes No Unk

If yes, provide details: _____

Contact management

Complete the table below for **all** household members and other close contacts. If any of these persons has been ill with similar symptoms, please indicate the date of onset and symptoms.

Name	Age	Occupation/ Child Care	Similar illness	Onset m d y	Comments
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____

Epi-links

Is any person listed above already a confirmed or suspected case in CEDRS? Yes No Unk *If yes, CEDRS#* _____

Is this patient part of a known/suspected outbreak? Yes No Unk *If yes, specify:* _____

If case or household contact is high risk (food handler, health care worker, child care) refer to CD manual for restrictions/follow up. Obtain details of site, job description, dates worked/attended during communicable period, supervisor name, etc.

Notes:

Summary of follow up

- Hygiene education provided
- Work or childcare restriction for case
- Follow up of other household members
- Instruct case not to swim for 2 weeks after diarrhea resolved
- Child care center inspected
- Testing of home or other water source
- _____

Questions about filling out this form?
 Contact the Communicable Disease Epidemiology Program at 303-692-2700, 800-866-2759
After finishing case interview, update the CEDRS record. Do NOT send this form to CDPHE unless it is requested (e.g. as part of a suspected outbreak).