Cryptosporidium

Orpheus ID

☐ confirmed
☐ presumptive
☐ suspect
☐ no case

Name _____ COUNTY _____
LAST, first, initials (a.k.a.)

Address _____ Special housing _____
Street City Zip

Phone number _____ / _____ Email _____
home (H), work (W), cell (C), message (M) home (H), work (W), cell (C), message (M)

ALTERNATIVE CONTACT

Name _____ Phone(s)_____
LAST, first,initials home (H), work (W), cell (C), message

DEMOGRAPHICS

DOB ____/____/____
m d y

if DOB unknown, AGE _____

Sex ☐ female ☐ male

Language _____

Country of birth _____

Worksites/school/day care center

_____

Occupation/grade

_____

RACE (*check all that apply*)

☐ white
☐ black
☐ Asian
☐ Pacific Islander
☐ American Indian/Alaska Native
☐ unknown
☐ other_____

HISPANIC
☐ Yes ☐ No
☐ unknown ☐ declined

PROVIDERS, FACILITIES, LABS

Reporter Type (circle one)

☐_____
name and phone number

PMD Lab-fax
MDx Lab-phone
ER Lab-other
ICP HCP
Lab-ELR

Reporter Type (circle one)

☐ _____
name and phone number

PMD Lab-fax
MDx Lab-phone
ER Lab-other
ICP HCP
Lab-ELR

☐ Ok to contact patient (only list once)

Local epi_name _____

Date report received by LHD ____/____/____

BASIS OF DIAGNOSIS

CLINICAL DATA

Symptomatic ☐ yes ☐ no ☐ ref ☐ unk
if yes, ONSET on ____/____/____

diarrhea	☐ yes	☐ no	☐ unk
cramps	☐ yes	☐ no	☐ unk
nausea	☐ yes	☐ no	☐ unk
vomiting	☐ yes	☐ no	☐ unk
loss of appetite	☐ yes	☐ no	☐ unk
weight loss	☐ yes	☐ no	☐ unk

fever highest temp _____

Notes:

Deceased ☐ yes ☐ no
date of death ____/____/____

Death related to disease ☐ yes ☐ no ☐ unk
Death related to treatment ☐ yes ☐ no ☐ unk-
Death unrelated to disease ☐ yes ☐ no ☐ unk

Hospitalized: ☐ yes ☐ no ☐ unk

Hospital name _____
Chart number _____

admit date ____/____/____ ☐ ICU

discharge date ____/____/____

Status: Check one:
☐ alive ☐ dead ☐ unknown ☐ transfer

Hospital name _____
Chart number _____

admit date ____/____/____ ☐ ICU

discharge date ____/____/____

Status: Check one:
☐ alive ☐ dead ☐ unknown ☐ transfer

LABORATORY DATA

Testing Lab _____
Originating Lab _____

Collection date ____/____/____

Specimen type:
☐ stool ☐ other_____

Test Type	pos	neg
Antigen	☐	☐
DFA/IFA	☐	☐
EIA	☐	☐
Immunostat card	☐	☐
PCR	☐	☐

O & P ☐ cysts ☐ trophs

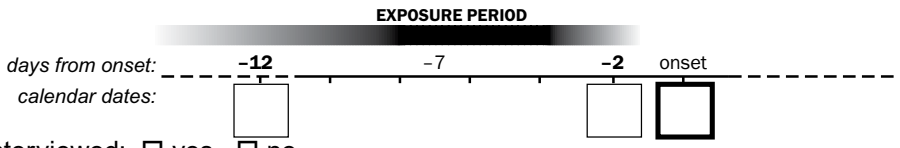
Treatment

Drug name	size/dose/frequency	start date	end date
_____	_____	____/____/_____	____/____/____
_____	_____	____/____/_____	____/____/____

CASE'S NAME _____

INFECTION TIMELINE

Enter onset date in heavy box. Count back to figure the probable exposure period. Ask about risk questions in this time period.



Most persons shed infectious oocysts in stool during the period of diarrhea. Shedding may continue in some patients for several days—possibly longer.

First call try ___/___/___ Interviewed: ☐ yes ☐ no
Interview date(s) ___/___/___ Interviewed by _____

Reason not interviewed (choose one)
☐ not indicated ☐ unable to reach ☐ out of jursdiction ☐ deceased
☐ refused ☐ physician interview ☐ medical record review

RISKS Provide details as appropriate.

yes	no	ref	unk	
☐	☐	☐	☐	travel outside home area (specify place, reason, transportation mode (car) travel companions_____
☐	☐	☐	☐	visitor/refugee/immigrant from endemic area
☐	☐	☐	☐	foreign travel by household member
☐	☐	☐	☐	raw/unpasteurized milk
☐	☐	☐	☐	other raw milk product
☐	☐	☐	☐	eat any soft cheese made with raw milk
☐	☐	☐	☐	unpeeled fruits or vegetables
☐	☐	☐	☐	raw or other unpasteurized product (circle one) (dairy, milk, fruit juice, veg juice, cider, other, unk)
☐	☐	☐	☐	unpasteurized apple juice/cider
☐	☐	☐	☐	restaurants, fast food, vendors
☐	☐	☐	☐	eating at other gatherings (potlucks, events)
☐	☐	☐	☐	attends or works in daycare center/nursery
☐	☐	☐	☐	diapered children or adults
☐	☐	☐	☐	contact with farm animals
☐	☐	☐	☐	contact with household pets, esp puppies and kittens
☐	☐	☐	☐	*if yes*, did the pet have loose stools
☐	☐	☐	☐	work with animal products, research, slaughter house, veterinary medicine
☐	☐	☐	☐	contact with other people sick with diarrhea
☐	☐	☐	☐	drinking untreated surface water
☐	☐	☐	☐	recreational water (pools, water slides, lakes)
☐	☐	☐	☐	*if yes circle type:* fresh water, hot spring, hot tub or whirlpool, interactive fountain, recreational water part, sea, swimming pool, other _____
☐	☐	☐	☐	other water-related
☐	☐	☐	☐	immunocompromised
☐	☐	☐	☐	immunosuppressive therapy
☐	☐	☐	☐	any sexual contact
☐	☐	☐	☐	*if yes,* was it male homosexual contact
☐	☐	☐	☐	other risk, specify in notes

SOURCE OF HOME WATER
☐ private well water
☐ private surface water
☐ public/community system
name of company:
_____
☐ bottled water
☐ any well water
☐ common well water
☐ unknown
☐ other specify
_____

OTHER FOLLOW-UP. Provide details as appropriate.

yes	no	ref	unk	
☐	☐	☐	☐	does the case know anyone with a similar illneses
☐	☐	☐	☐	does case work or attend daycare
☐	☐	☐	☐	is the case in diapers
☐	☐	☐	☐	are other children/staff ill
☐	☐	☐	☐	daycare/work restriction for case
☐	☐	☐	☐	day care inspection as part of investigation
☐	☐	☐	☐	follow up of household members
☐	☐	☐	☐	water supply testing
☐	☐	☐	☐	case educated about disease tranmission

EPI-LINKAGE
Associated with a known outbreak? ☐ yes ☐ no ☐ unk
Close contact of another case ☐ yes ☐ no ☐ unk
Specify nature of contact
☐ co-worker ☐ daycare ☐ friend
☐ household ☐ sexual
Has the above case been reported? ☐ yes ☐ no ☐ unk
If yes to any question, specfiy names, dates, places.
Outbreak ID _____

ADMINISTRATION

Orpheus July 2018

Case report sent to OHA on ___/___/___

Completed by _____ Date _____ Phone _____ Investigation sent to OHA on ___/___/___

CASE'S NAME

CONTACT MANAGEMENT AND FOLLOW-UP

Name	DOB/Age	Sex	Relation to case	Occupation	Education provided	Last exposure	Onset date	Interview date	Sick
_____		☐ M ☐ F	☐ daycare ☐ friend ☐ household ☐ sexual	_____		___/___/___	___/___/___	___/___/___	☐Y ☐N
_____		☐ M ☐ F	☐ daycare ☐ friend ☐ household ☐ sexual	_____		___/___/___	___/___/___	___/___/___	☐ Y ☐N

NOTES

Please supply details for any of the items listed above.