Send completed forms to DPHHS CDEpi Program
Fax: 800-616-7460

Cryptosporidiosis

County

LHJ Case ID ____________________
Reported to DPHHS: ☐ **Date** ___/___/___
Classification ☐ **Confirmed** ☐ **Probable**
Method: ☐ **Lab** ☐ **Clinical** ☐ **Epi Link:** ________________

☐ **Outbreak-related**
LHJ Cluster #:
DPHHS Outbreak #:
MMWR wk

REPORT SOURCE

LHJ report date ___/___/___
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation start date: ___/___/___

Reporter name ____________________
Reporter phone ____________________
Primary HCP name ____________________
Primary HCP phone ____________________

PATIENT INFORMATION

Name (last, first) ____________________
Address ____________________ ☐ Homeless
City/State/Zip ____________________
Phone(s)/Email ____________________
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: ____________
Zip code (school or occupation): ____________ Phone: ____________
Occupation/grade ____________________
Employer/worksite ____________ School/child care name ____________

Birth date ___/___/___ Age _______
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ___/___/___ ☐ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y	N	DK	NA	
☐	☐	☐	☐	**Diarrhea** Maximum # of stools in 24 hours: ____
☐	☐	☐	☐	**Abdominal cramps or pain**
☐	☐	☐	☐	Nausea
☐	☐	☐	☐	**Vomiting**
☐	☐	☐	☐	**Loss of appetite (anorexia)**
☐	☐	☐	☐	Weight loss with illness
☐	☐	☐	☐	**Fever** Highest measured temp (°F): ____ ☐ Oral ☐ Rectal ☐ Other: ________ ☐ Unk

Predisposing Conditions

Y	N	DK	NA	
☐	☐	☐	☐	Immunosuppressive therapy or disease

Hospitalization

Y	N	DK	NA	
☐	☐	☐	☐	Hospitalized at least overnight for this illness

Hospital name ____________________
Admit date ___/___/___ Discharge date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	Died from illness Death date ___/___/___
☐	☐	☐	☐	Autopsy Place of death ____________

Laboratory

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

Collection date ___/___/___
Source ____________________

P	N	I	O	NT	
☐	☐	☐	☐	☐	***Cryptosporidium* organisms (microscopy, including IFA, DFA)**
☐	☐	☐	☐	☐	**Other** ____________________

NOTES

Case Name: ________________________

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

	Exposure period		onset	Contagious period
Days from onset:	-12	-1		weeks
Calendar dates:				

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: ________________________
____
____

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**

☐ ☐ ☐ ☐ Contact with lab confirmed case
☐ Casual ☐ Household ☐ Sexual
☐ Needle use ☐ Other: _________________

☐ ☐ ☐ ☐ Contact with diapered/incontinent child or adult

☐ ☐ ☐ ☐ Shellfish or seafood
County/location collected: _________________
____

☐ ☐ ☐ ☐ Unpasteurized milk (cow)

☐ ☐ ☐ ☐ Juices or cider Type: ____________________
Unpasteurized: ☐**Y** ☐**N** ☐**DK** ☐**NA**

☐ ☐ ☐ ☐ Known contaminated food product

☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)

☐ ☐ ☐ ☐ Food from restaurants
Restaurant name/location: _________________________
____

☐ ☐ ☐ ☐ Source of drinking water known
☐ Individual well ☐ Shared well
☐ Public water system ☐ Bottled water
☐ Other: ___________________________

☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)

Y N DK NA

☐ ☐ ☐ ☐ Recreational water exposure
☐ Natural water ☐ pools, spas, water park, fountain
☐ Both
Name/Location__________________________________

☐ ☐ ☐ ☐ Case or household member lives or works on farm or dairy

☐ ☐ ☐ ☐ Exposure to pets
Was the pet sick ☐**Y** ☐**N** ☐**DK** ☐**NA**

☐ ☐ ☐ ☐ Work with animals/ animal products (research, veterinary medicine, slaughterhouse)
Specify animal: ____________________

☐ ☐ ☐ ☐ Zoo, farm, fair, or pet shop visit

☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere
Cattle, cow or calf ☐**Y** ☐**N** ☐**DK** ☐**NA**

☐ ☐ ☐ ☐ Any type of sexual contact with others
female sexual partners
male sexual partners: _____

Where did exposure probably occur?
☐ In MT (County: ___________________)
☐ US but not MT ☐ Not in US ☐ Unk

How was this person likely exposed to the disease:
☐ Food ☐ Drinking water ☐ Recreational water ☐ Person
☐ Animal ☐ Environment ☐ Unknown

Most likely exposure/site: __________________________
Site name/address: _______________________________
☐ **No risk factors or exposures could be identified**
☐ **Patient could not be interviewed**

PATIENT PROPHYLAXIS / TREATMENT

PUBLIC HEALTH ISSUES

PUBLIC HEALTH ACTIONS

☐ Hygiene education provided
☐ Child care inspection
☐ Follow-up of household members
☐ Testing of home/other water supply
☐ Test symptomatic contacts
☐ Work or child care restriction for case
☐ Other, specify: _____________________

NOTES

Investigator _______________________ **Phone/email:** _______________________ **Investigation complete date** ___/___/___

Local health jurisdiction ____ **Record complete date** ___/___/___

Cryptosporidiosis: case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered