



# Cyclosporiasis

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_  
 Reported to DOH Date \_\_\_/\_\_\_/\_\_\_  
 LHJ Classification  Confirmed  
 Probable  
 By:  Lab  Clinical  
 Epi Link: \_\_\_\_\_

Outbreak-related  
 LHJ Cluster# \_\_\_\_\_  
 LHJ Cluster Name: \_\_\_\_\_  
 DOH Outbreak # \_\_\_\_\_

## REPORT SOURCE REPORT SOURCE

LHJ notification date \_\_\_/\_\_\_/\_\_\_ Investigation start date \_\_\_/\_\_\_/\_\_\_  
 Reporter (check all that apply)  Lab  Hospital  HCP  
 Public health agency  Other  
 Reporter name \_\_\_\_\_  
 Reporter phone \_\_\_\_\_  
 Primary HCP name \_\_\_\_\_  
 Primary HCP phone \_\_\_\_\_  
 OK to talk to case?  Yes  No  DK Date of interview \_\_\_/\_\_\_/\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_  
 Address \_\_\_\_\_  Homeless  
 City/State/Zip \_\_\_\_\_  
 Phone(s)/Email \_\_\_\_\_  
 Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_  
 Gender  F  M  Other  Unk  
 Ethnicity  Hispanic or Latino  
 Not Hispanic or Latino  Unk  
 Alt. contact  Parent/guardian  Spouse  Other Name: \_\_\_\_\_  
 Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Occupation/grade \_\_\_\_\_  
 Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_  
 Race (check all that apply)  
 Amer Ind/AK Native  Asian  
 Native HI/other PI  Black/Afr Amer  
 White  Other  Unk

## CLINICAL INFORMATION

Onset date: \_\_\_/\_\_\_/\_\_\_  Derived Diagnosis date: \_\_\_/\_\_\_/\_\_\_ Illness duration: \_\_\_\_\_ days

### Signs and Symptoms

Y N DK NA  
    **Diarrhea** Maximum # stools in 24 hours: \_\_\_\_\_  
    **Watery diarrhea**  
    **Abdominal cramps or pain**  
    Nausea  
    Weight loss with illness  
    **Bloating or gas**  
    **Fever** Highest measured temp (°F): \_\_\_\_\_  
 Oral  Rectal  Other: \_\_\_\_\_  Unk

### Laboratory

Collection date \_\_\_/\_\_\_/\_\_\_  
 Source \_\_\_\_\_

P N I O NT  
     **Cyclospora DNA (stool, intestinal fluid/aspirate, or intestinal biopsy specimen)**  
     **Cyclospora organisms (stool, intestinal fluid/aspirate, or intestinal biopsy specimen)**  
     Food specimen culture

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

### 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 \_\_\_\_\_

## NOTES

**INFECTION TIMELINE**

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

Exposure period  
Days from onset:

o  
n  
s  
e  
t

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  
Destinations: \_\_\_\_\_  
Date left: \_\_\_\_\_  
Date returned: \_\_\_\_\_
- Case knows anyone with similar symptoms
- Epidemiologic link to a confirmed human case**
- Raw fruits or vegetables
- Berries Type: \_\_\_\_\_
- Fresh herbs Type: \_\_\_\_\_
- Lettuce or salad greens
- Group meal (e.g. potluck, reception)
- Food from restaurants  
Restaurant name/location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Y N DK NA

- Source of drinking water known  
 Individual well  Shared well  
 Public water system  Bottled water  
 Other: \_\_\_\_\_
- Drank untreated/unchlorinated water (e.g. surface, well)
- Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)

**How was this person likely exposed to the disease:**

- Food  Drinking Water  Recreational water  Person
- Animal  Environment  Unknown

**Where did exposure probably occur?**

- U.S. but not WA (State: \_\_\_\_\_)
- In WA (County: \_\_\_\_\_)
- Not in U.S. (Country/Region: \_\_\_\_\_)
- Unknown

Exposure details (e.g., exposure date, specific site, purchase or use-by date, product name/description):  
\_\_\_\_\_  
\_\_\_\_\_

- No risk factors or exposures could be identified
- Patient could not be interviewed

**PUBLIC HEALTH ISSUES**

**PUBLIC HEALTH ACTIONS**

- Initiate traceback investigation
- Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_/\_\_\_/\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_/\_\_\_/\_\_\_