



Giardiasis

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

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 _____
 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 Unk
 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 # of stools in 24 hours: _____
 Pale, greasy or odorous stool
 Abdominal cramps or pain
 Weight loss with illness
 Bloating or gas

Laboratory

Collection date ___/___/___
 Source _____

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

P N I O NT
 Giardia antigen detected by immunodiagnostic test such as EIA (stool)
 Giardia organisms detected
 Giardia DNA detected

Predisposing Conditions

Y N DK NA
 Immunosuppressive therapy or disease

NOTES

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 _____

INFECTION TIMELINE

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

Days from onset:	Exposure period		o n s e t	Contagious period	
	-25	-3		weeks to months	
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/Dates: _____
- Does case know anyone else with similar symptoms or illness?
- Contact with lab confirmed case
 Household Casual Sexual
 Needle use Other: _____
- Epidemiologic link to a confirmed human case**
- Contact with diapered or incontinent child or adult
- 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)
- Recreational water exposure
 Natural water Pools, spas, water park, fountain
 Both
 Name/Location _____
- Farm or dairy residence or work
- Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
 Specify animal: _____

- Y N DK NA**
 Exposure to pets
 Was the pet sick Y N DK NA
- Zoo, farm, fair or pet shop visit
- Any contact with animals at home or elsewhere
 Dog or puppy
- Foreign arrival (e.g. immigrant, refugee, adoptee, visitor)
 Specify country: _____
- Any type of sexual contact with others during exposure period:
 # female sexual partners: _____
 # male sexual partners: _____

How was this person likely exposed to the disease:

- Food Drinking Water Recreational water
 Animal Environment Person 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

PATIENT PROPHYLAXIS / TREATMENT

PUBLIC HEALTH ISSUES

- Y N DK NA**
 Employed as food worker
- Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- Employed as health care worker
- Employed in child care or preschool
- Attends child care or preschool
- Household member or close contact in sensitive occupation or setting (HCW, child care, food)

PUBLIC HEALTH ACTIONS

- Consider excluding case in sensitive occupation until diarrhea ceases
- Consider excluding symptomatic contacts in sensitive occupations or situations until diarrhea ceases
- Work or child care restriction for case
- Test symptomatic contacts
- Hygiene education provided
- Restaurant inspection
- Child care inspection
- Other, specify: _____

NOTES

Investigator _____	Phone/email: _____	Investigation complete date ____/____/____
Local health jurisdiction _____		Record complete date ____/____/____