TN Department of Health

Cryptosporidiosis Case Report Form

Please fill this form out as completely as possible. Anything that appears with an asterisk (*) is not available for data entry into NEDSS. However, you may find those fields helpful in your investigation. Use date format mm/dd/yyyy throughout.

INVESTIGATION

Last Name: _____ **First:** _____ **Middle:** _____ **DOB:** ___/___/___

If child <18: Parent's Last Name: _____ **First:** _____

PSN1__ __ __ __ __ __ __**TN01** **CAS1**__ __ __ __ __ __ __**TN01** **State Lab Accession #:** _____

Investigation Start Date: _____ **Investigator:** _____

Date Assigned to Investigation: _____

DEMOGRAPHICS

Reported Age: _____ ☐ Days ☐ Months ☐ Years **Sex:** ☐ Male ☐ Female ☐ Unknown

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work:** _____ **Cell:** _____

Ethnicity: ☐ Hispanic ☐ Not Hispanic ☐ Unknown

Race: ☐ American Indian / Alaskan ☐ Hawaiian / Pacific Islander ☐ Unknown ☐ Asian ☐ White. ☐ Black / African American ☐ Other: _____

LAB REPORT

Lab Report Date: _____ **Specimen Source:** ☐ Blood ☐ CSF ☐ Stool ☐ Urine ☐ Unknown ☐ Other _____

Date Received by Public Health: _____

Date Specimen Collected: _____

Testing Methods: check all testing methods used for diagnosis

Confirmed Methods	**Probable Methods**
☐ Direct fluorescent antibody (DFA)	☐ Immunochromatographic card/rapid test
☐ Enzyme immunoassay (EIA)	☐ Other antigen screening test
☐ Polymerase Chain Reaction (PCR)	☐ Unknown test method
☐ Light microscopy of stained specimen	

Case Status: ☐ Confirmed ☐ Probable ☐ Suspect *(epi-link only)*

OUTBREAK/CLUSTER

Is this case part of an outbreak? ☐ Yes ☐ No ☐ Unknown **CDC Cluster Code:** _____

Type of Outbreak: **CDC EFORS/NORS Number:** _____

☐ Animal Contact ☐ Environmental Contamination Other than Food/Water ☐ Foodborne

☐ Indeterminate ☐ Person-to-Person ☐ Waterborne ☐ Other: _____

SYMPTOM HISTORY

Date of Illness Onset: _____

First Symptom: _____

Symptoms: *Check all that apply*

☐ Diarrhea ☐ Bloody Diarrhea ☐ Constipation
☐ Vomiting ☐ Nausea ☐ Weight Loss
☐ Fatigue ☐ Chills ☐ Fever (Max Temp: _____°F)
☐ Headache ☐ Abdominal Cramps ☐ Muscle Aches
☐ Other _____

***If yes to diarrhea*, date of diarrhea onset:** _____

***If yes to vomiting*, date of vomiting onset:** _____

As of today, are you still experiencing symptoms? ☐ Yes ☐ No ☐ Unknown

***If recovered*, date of recovery:** _____

Duration of Illness: _____ ☐ Minutes ☐ Hours ☐ Days

CLINICAL INFORMATION/HOSPITALIZATION

Was the patient hospitalized for this illness?
☐ Yes ☐ No ☐ Unknown
***If yes,* Hospital Name:** _____
Admission Date: _____ **Discharge Date:** _____

Was there a second hospitalization?
☐ Yes ☐ No ☐ Unknown
***If yes,* Hospital Name:** _____
Admission Date: _____ **Discharge Date:** _____

Is the patient pregnant?
☐ Yes ☐ No ☐ Unknown

Did the patient die from this illness?
☐ Yes ☐ No ☐ Unknown

TRAVEL HISTORY

Did the patient travel prior to the onset of illness? ☐ Yes ☐ No ☐ Unknown

Type	Destination	Date of Arrival	Date of Departure
☐ Domestic ☐ International			
☐ Domestic ☐ International			
☐ Domestic ☐ International			

Notes:

RELATED CASES

Does the patient know of any similarly ill persons (with diarrhea)? ☐ Yes ☐ No ☐ Unknown

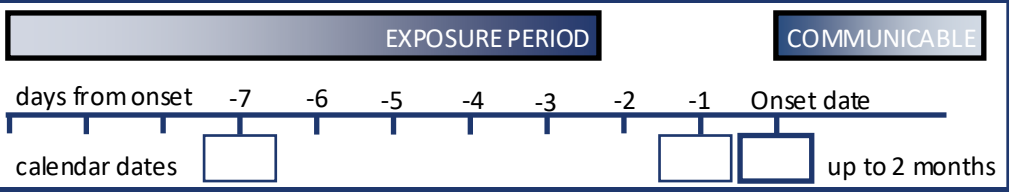
Are there any other cases related to this one? ☐ Yes, household ☐ Yes, outbreak ☐ No, sporadic ☐ Unknown

If yes, did the health department collect contact information about other similarly ill persons to investigate further?
☐ Yes ☐ No ☐ Unknown

Provide names, onset dates, contact information and any other details for similarly ill persons or related cases:

INFECTION TIMELINE

Enter the onset date in the heavy box. Count back to calculate the probable exposure period. Ask about exposures between those dates.



POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD*

In the 7 days prior to illness onset, did the patient …

Yes	No	Unk		*If yes*, provide details (e.g. places, dates)
☐	☐	☐	Consume raw fruits or vegetables (e.g. berries, green salads)	
☐	☐	☐	Consume any raw or unpasteurized juices or ciders	
☐	☐	☐	Consume any raw or unpasteurized milk or dairy products	
☐	☐	☐	Participate in a group meal (e.g. potluck, reception)	
☐	☐	☐	Consume food from restaurants (e.g. dining in, take-out, drive-thru, leftovers)	
☐	☐	☐	Have contact with diapered children	
☐	☐	☐	Have contact with any other persons with diarrhea	

DRINKING WATER EXPOSURE

What is the source of drinking water at home?

- ☐ municipal, city or county
- ☐ private well (used by 1 household)
- ☐ common / community well (used by >1 household)*
- ☐ bottled water*
- ☐ untreated surface water (e.g. spring, river, lake, creek, cistern)*
- ☐ other (specify)
- ☐ unknown

What is the source of drinking water at work/school?

- ☐ municipal, city or county
- ☐ private well (used by 1 household)
- ☐ common / community well (used by >1 household)*
- ☐ bottled water*
- ☐ untreated surface water (e.g. spring, river, lake, creek, cistern)*
- ☐ other (specify)
- ☐ unknown

Did the patient drink untreated water in the 7 days prior to onset of illness? ☐ Yes ☐ No ☐ Unknown

If yes*, what was the source? ☐ surface water (e.g. spring, river, lake, creek, cistern) ☐ well ☐ other _____

RECREATIONAL WATER EXPOSURE

Was there recreational water exposure in the 7 days prior to illness? ☐ Yes ☐ No ☐ Unknown

If yes, did the patient swallow any water from these exposures?* ☐ Yes ☐ No ☐ Unknown

What was the recreational water type?

- ☐ Natural hot spring
- ☐ Hot tub / whirlpool / jacuzzi / spa
- ☐ Interactive fountain / splash pad
- ☐ Lake / pond / river/ stream
- ☐ Ocean
- ☐ Recreational water park
- ☐ Swimming / wading pool
- ☐ Other (specify) _____

Location and date of water exposure: _____

ANIMAL CONTACT

In the 7 days before illness onset, did the patient …

Visit or live on a farm?* ☐ Yes ☐ No ☐ Unknown

Visit a live animal exhibit (petting zoo, fair, etc.)?* ☐ Yes ☐ No ☐ Unknown

Come in contact with any animals? ☐ Yes ☐ No ☐ Unknown

***If yes,* type of animal(s):** ☐ Goat ☐ Cow ☐ Sheep ☐ Dog
☐ Cat ☐ Rodent ☐ Turtle ☐ Lizard ☐ Chicken
☐ Turkey ☐ Other bird ☐ Other mammal ☐ Other reptile ☐ Other amphibian

***If other bird, mammal, reptile, or amphibian,* please specify:** _____

Name or location of animal contact: _____

Did the patient acquire a pet prior to onset of illness? ☐ Yes ☐ No ☐ Unknown

Did the patient come into contact with animal waste or manure in the 7 days prior to illness onset?* ☐ Yes ☐ No ☐ Unknown

HOME/EMPLOYER

In the past 7 days, has the patient lived/stayed overnight in any of the following locations? *(check all that apply)*

☐ Dormitory ☐ Long-term Care Facility/Rehabilitation Center ☐ Correctional Facility ☐ Homeless Shelter
☐ Outdoors/Other structure not intended for housing ☐ Other Communal Living ☐ None of the above ☐ Unknown

Employer/School: _____ **Occupation:** _____

Is this patient associated with a daycare facility? ☐ Yes ☐ No ☐ Unknown

***If yes*, specify association:** ☐ **Attend daycare** ☐ **Work/volunteer at daycare** ☐ **Live with daycare attendee**

***If yes*, name of daycare:** _____

Is this patient a food handler? ☐ Yes ☐ No ☐ Unknown

***If yes,* name of restaurant/facility:** _____

***If yes,* what was the last date worked as a food handler (before and/or after onset of illness)?**

Note: Exclude from sensitive occupations or situations (e.g. Healthcare or food worker, daycare) until symptoms have resolved.

UNDERLYING CONDITIONS

Does the patient have any underlying conditions (e.g. AIDS, diabetes)?: ☐ Yes ☐ No ☐ Unknown

***If yes*, specify:** _____

PATIENT PROPHYLAXIS/TREATMENT

Was the patient treated with any medications for this illness?* ☐ Yes ☐ No ☐ Unknown

***If yes,* specify type, dose, and dates:** _____

SEXUAL CONTACT (OPTIONAL)

Did the patient have any sexual contact in the 14 days before they were sick?* ☐ Yes ☐ No ☐ Unknown

***If yes*, specify partner:** ☐ Male ☐ Female ☐ Unknown

Note: *Crypto* can be spread by exposure to feces during sexual contact. The CDC recommends that individuals wait to have sex for 2 weeks after their diarrhea stops.*

COMMENTS