

# Cyclosporiasis

## PATIENT DEMOGRAPHICS

Name (last, first): \_\_\_\_\_  
 Address: (mailing) \_\_\_\_\_  
 Address: (physical) \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ Phone (work/cell) : \_\_\_\_\_

\*Birth date: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_  
 \*Gender:  Male  Female  Unk  
 \*Ethnicity:  Not Hispanic or Latino  
 Hispanic or Latino  Unk  
 \*Race:  White  Black/Afr.  
 Amer.  
 Native HI/Other PI  
 Am. Ind/AK Native  
 Asian  Unk

Alternate contact:  Parent/Guardian  Spouse  Other  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): \_\_\_\_\_  
 Investigation Start Date: \_\_/\_\_/\_\_\_\_  
 Earliest date reported to LHD: \_\_/\_\_/\_\_\_\_  
 Earliest date reported to State: \_\_/\_\_/\_\_\_\_

Case Classification:  
 Confirmed  Probable  Suspect  
 Not a case  Unknown

## REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source:  Laboratory  Hospital  Private Provider  Public Health Agency  Other  
 Reporter Name: \_\_\_\_\_ Reporter Phone : \_\_\_\_\_  
 Primary HCP Name: \_\_\_\_\_ Primary HCP Phone \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

## CLINICAL

Onset date: \_\_/\_\_/\_\_\_\_ Diagnosis date: \_\_/\_\_/\_\_\_\_ Recovery date: \_\_/\_\_/\_\_\_\_

### Clinical Findings

Y N U  
   Diarrhea  
   Nausea  
   Bloating or excess gas  
   Weight loss with illness  
   Abdominal cramps  
   Constipation

### \*Hospitalization

Y N U  
   Hospitalized for this illness  
 Hospital name: \_\_\_\_\_  
 Admit date: \_\_/\_\_/\_\_\_\_ Discharge date: \_\_/\_\_/\_\_\_\_

### \*Death

Y N U  
   Died due to this illness  
 Date of death: \_\_/\_\_/\_\_\_\_

## LABORATORY

Specimen source: \_\_\_\_\_  
 Collection date: \_\_/\_\_/\_\_\_\_

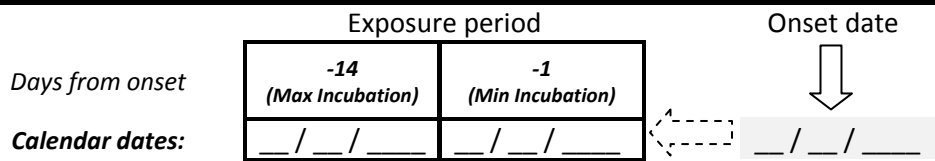
Y N U  
   Cyclospora organisms (stool, intestinal fluid/aspirate, intestinal biopsy specimen)  
   Cyclospora DNA (stool, intestinal fluid/aspirate, intestinal biopsy specimen)

## Notes (clinical/laboratory)

## INFECTION TIMELINE

**Instructions:**

Enter onset date in grey box. Count backward to determine probable exposure period



## EPIDEMIOLOGIC

Y N U

- Drink untreated/unchlorinated water (i.e. surface, well)?
- Recreational water exposure (i.e swimming, water parks, spray fountains, etc.)?

Name/Location \_\_\_\_\_

- \* Eat raw fruits or vegetables?
- \* Eat fresh berries? If yes, what kind \_\_\_\_\_
- Eat fresh herbs? If yes, what kind \_\_\_\_\_
- \*Eat lettuce or salad greens?
- \*Travel to another state or country? If yes, where \_\_\_\_\_

Attend any group activities, parties or gatherings? **Yes / No** If yes, list

Date

Activity

Location

Date	Activity	Location

## PUBLIC HEALTH ISSUES

If any household member is symptomatic, the member is epi-linked and therefore is a probable case and should be investigated further. A stool sample for parasites (O&P) and disease case report should be completed.

Name	Relationship to Case	Onset Date	Lab Testing

Y N NA

- Employed as food handler
- Non-occupational food handling (e.g. pot lucks, receptions)
- Attends or employed in child care
- Household member or close contact in sensitive occupation (food, HCW, child care)
- Case is part of an outbreak  
Outbreak Name: \_\_\_\_\_

## PUBLIC HEALTH ACTIONS

Y N NA

- Disease/Transmission Education Provided
- Exclude individuals in sensitive Occupations (food, HCW, child care)
- Restaurant or child care inspection
- Follow up of household members
- Testing of home/other water supply
- Test symptomatic contacts
- Other: \_\_\_\_\_

## NOTES