Cryptosporidiosis

Alaska

☐ Outbreak
☐ Cluster

AK STARS # _____

Date first received by SOE _____ / _____ / _____

OUTREACH/CONTACT LOG (For contact with and/or outreach to the client)

	Method (phone call, letter, homevisit, clinic visit)	**Date** (mm/dd/yyyy)	**Outcome** (Left msg., interviewed, refused, unable to locate, etc.)
1st Outreach/Contact		_____ / _____ / _____	
2nd Outreach/Contact		_____ / _____ / _____	
3rd Outreach/Contact		_____ / _____ / _____	

CASE IDENTIFICATION

Name: _____
last *first* *MI*

Phone(s) Home: _____ Cell: _____

Address: _____
Street *City* *State* *Zip*

Alternate Contact: ☐ Parent/Guardian ☐ Spouse/Partner ☐ Household Member ☐ Other _____

Name: _____
last *first* *MI*

Phone(s) Home: _____ Cell: _____

Address: _____
Street *City* *State* *Zip*

DEMOGRAPHICS

Sex: ☐ Male ☐ Female ☐ _____

Hispanic: ☐ Yes ☐ No ☐ Unknown

DOB: _____ / _____ / _____
mm dd yyyy
Or, if unknown, Age _____

Race:
☐ AI/AN
☐ Asian/Pacific Islander
☐ Black
☐ White
☐ Unknown
☐ Refused to answer
☐ Other _____

CLINICAL DATA

Symptomatic? ☐ Yes ☐ No ☐ Unk

If yes, Onset date _____ / _____ / _____
mm dd yyyy
Onset time _____ ☐ am ☐ pm

Duration of illness _____ ☐ hours ☐ days
- OR - ☐ ongoing

Symptoms:
Diarrhea ☐ Yes ☐ No ☐ Unk
If yes, onset on _____ / _____ / _____
mm dd yyyy
Abdominal pain ☐ Yes ☐ No ☐ Unk
Nausea ☐ Yes ☐ No ☐ Unk
Vomiting ☐ Yes ☐ No ☐ Unk
Loss of appetite ☐ Yes ☐ No ☐ Unk
Weight loss ☐ Yes ☐ No ☐ Unk
Highest temp recorded °F _____

ER Visit? ☐ Yes ☐ No ☐ Unk

Hospitalized? ☐ Yes ☐ No ☐ Unk If yes,
Hospital name: _____
Admit date _____ / _____ / _____
mm dd yyyy
Discharge date _____ / _____ / _____
mm dd yyyy
-OR- ☐ Still inpatient ☐ Unknown

Outcome: ☐ Survived ☐ Died (Date: ___ / ___ / ____) ☐ Unk

OCCUPATION

Is the case a…

	Yes	No	Unk
daycare attendee/worker?	☐	☐	☐
food service/processor worker?	☐	☐	☐
healthcare facility resident/worker?	☐	☐	☐

If yes, specify location/business: _____

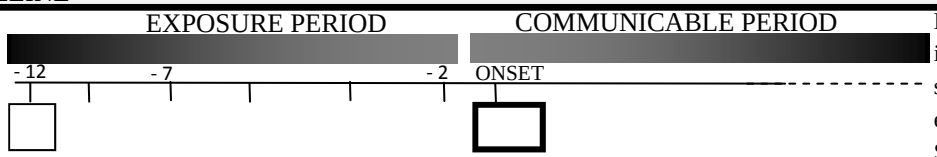
Does the case know others with similar illness? ☐ Yes ☐ No ☐ Unk
If yes, indicate name of individual, relationship to case, onset of illness, and relevant symptoms: _____
_____
attach a second sheet if needed

CASE NAME: _____

AK STARS # _____

EXPOSURE TIMELINE

Enter symptom onset date into the onset box. Count back to figure the probable exposure period.



Most individuals shed infectious oocytes in their stool during the time they are experiencing diarrhea. Shedding may continue for several days—possibly longer

INTERVIEW

Interview questions are asked for the exposure time calculated above.

All yes answers require additional details. If you have a yes answer to any exposure/consumption question, please provide relevant details in the comments section.

Possible Sources

Yes	No	Unk	
			Consumption of...
☐	☐	☐	Raw/Unpasteurized Milk
☐	☐	☐	Unpasteurized juice/cider
☐	☐	☐	Raw/undercooked Shellfish
☐	☐	☐	Shellfish other (specify_____)
			Contact with….
☐	☐	☐	Daycare center/nursery (attends or works in)
☐	☐	☐	Farm animals
☐	☐	☐	Animal products (e.g. during research, at a slaughter house, or as a veterinarian)
☐	☐	☐	Other individuals with diarrhea
☐	☐	☐	Recreational water (pools, water slides, lakes, etc.)
☐	☐	☐	Pets/animals with diarrhea/loose stools

Yes	No	Unk	
			Travel...
☐	☐	☐	Within Alaska
☐	☐	☐	Outside of Alaska
☐	☐	☐	Outside the U.S.

If yes to any travel, specify location(s) and dates of travel.

_____
_____
_____
_____
_____
_____

Source of home water:

- ☐ Private well water
- ☐ Private surface water
- ☐ Community/Public: _____
- ☐ Bottled water
- ☐ Unknown
- ☐ Other (specify: _____)

If **yes** to any of the above questions, provide details here:

(e.g. "Shellfish ☑ Yes ☐ No ☐ Unk," relevant details: oysters, fresh, purchased at Safeway, cooked at home, fried) _____

_____
_____
_____
_____

attach a second sheet if needed

Restaurants/takeout during exposure period? ☐ Yes ☐ No ☐ Unk

Social events (parties, weddings, etc.) during exposure period? ☐ Yes ☐ No ☐ Unk

If yes to either restaurants or social events, indicate the following:
name of restaurant/event, when, where, the food items eaten, if others in attendance became ill.

_____
_____
_____
_____
_____

attach a second sheet if needed

Did case prepare food for public/private gathering during communicability period?

☐ Yes ☐ No ☐ Unk

If yes, provide details:_____

_____

attach a second sheet if needed

Where were the groceries eaten during the exposure period bought? If unknown, where does client normally buy groceries?

Store name(s) and location(s):_____

_____

attach a second sheet if needed

SUMMARY

Intervention(s): ☐ Hygiene education provided ☐ Health education provided ☐ Child care restriction
☐ Work or school restriction ☐ Other: _____

Completed by _____ Phone _____ Completed Case Report ___ / ___ / ___