

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: _____ Phone(s) _____ Home: _____
last first MI Cell: _____

Address: _____
Street City State Zip

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

Name: _____ Phone(s) _____ Home: _____
last first MI Cell: _____

Address: _____
Street City State Zip

DEMOGRAPHICS

Sex: Male Female _____ Hispanic: Yes No Unknown

DOB: _____ Race: White
Or, if unknown, Age _____ AI/AN Unknown
 Asian/Pacific Islander Refused to answer
 Black Other _____

CLINICAL DATA

Symptomatic? Yes No Unk	ER Visit? Yes No Unk
If yes, Onset date _____	Hospitalized? Yes No Unk
Onset time _____ am pm	If yes, Hospital name: _____
Duration of illness _____ hours days	Admit date _____
- OR - ongoing	Discharge date _____
Symptoms:	-OR- Still inpatient Unk
Diarrhea Yes No Unk	Outcome: Survived Died (Date: _____) Unk
If yes, onset on _____	

OCCUPATION

Abdominal pain Yes No Unk	Is the case a... <u>Yes</u> <u>No</u> <u>Unk</u>
Nausea Yes No Unk	daycare attendee/worker?
Vomiting Yes No Unk	food service/processor worker?
Loss of appetite Yes No Unk	healthcare facility resident/worker?
Weight loss Yes No Unk	
Highest temp recorded °F _____	If yes, specify location/business: _____

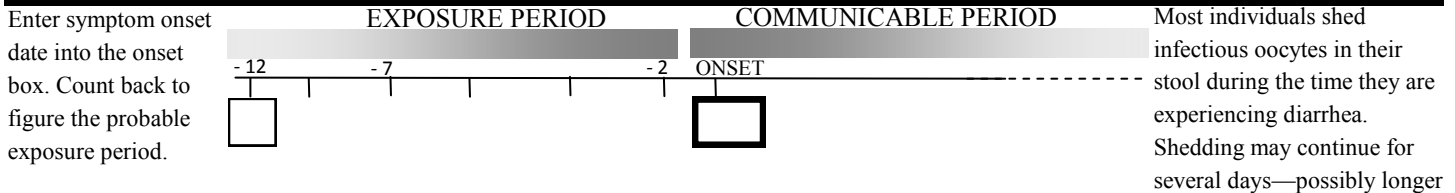
Does the case know others with similar illness? Yes No Unk
 If yes, indicate name of individual, relationship to case, onset of illness, and relevant symptoms:

Attach a second sheet if needed

CASE NAME: _____

AK STARS # _____

EXPOSURE TIMELINE



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	Yes	No	Unk	Source of home water:
		Consumption of...			Travel...	
		Raw/Unpasteurized Milk			Within Alaska	Private well water
		Unpasteurized juice/cider			Outside of Alaska	Private surface water
		Raw/undercooked Shellfish			Outside the U.S.	Community/Public:
		Shellfish other (specify _____)				_____
		Contact with....			If yes to any travel, specify location(s) and dates of travel.	Bottled water
		Daycare center/nursery (attends or works in)				Unknown
		Farm animals				Other (specify: _____)
		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				

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