

Giardiasis

FOR STATE USE ONLY

#

___/___/___ case report

- confirmed
- presumptive
- suspect

___/___/___ interstate

Date investigation initiated _____

CASE IDENTIFICATION

Name _____ Phone(s) _____
LAST, first, initials (a.k.a.) indicate home (H); work (W); message (M)

Address _____
Street City Zip

_____ email address _____

ALTERNATIVE CONTACT: Parent Spouse Household Member Friend _____

Name _____ Phone(s) _____
indicate home (H); work (W); message (M)

Address _____
Street City Zip

SOURCES OF REPORT (check all that apply)

- Lab Infection Control Practitioner
- Physician _____

Name _____

Phone _____ Date ___/___/___
(first report)

Primary M.D. _____
(if different)

Phone _____ OK to talk to patient?

DEMOGRAPHICS

SEX
 female male

HISPANIC yes no unknown

RACE

- White AI/AN
- Black Asian/Pacific Islander
- unknown refused to answer
- other _____

DATE OF BIRTH ___/___/___
m d y

or, if unknown, AGE _____

Worksites/school/day care center _____

Occupations/grade _____

BASIS OF DIAGNOSIS

CLINICAL DATA

Symptomatic: yes no unk
 if yes, ONSET on ___/___/___
 Check all that apply:
 diarrhea yes no unk

LABORATORY DATA

Lab confirmed yes no
 if yes, Lab _____
 if no, number of stool specimens examined _____
 Specimen: stool

 O & P RESULTS
 cysts
 trophozoites
 unk
 EIA positive

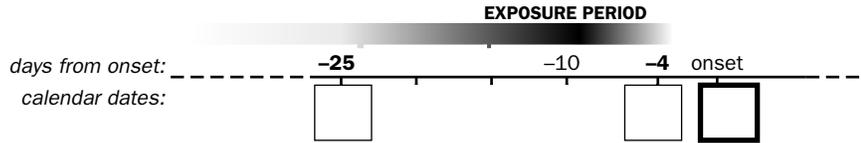
EPI-LINKAGE

During the exposure period, was the patient...
 associated with a known outbreak? yes no unk
 a close contact of a *confirmed* or *presumptive* case? yes no unk
 Has the above case been reported? yes not yet
 Specify nature of contact:
 household sexual daycare _____
 if yes to any question, specify relevant names, dates, places, etc:



INFECTION TIMELINE

Enter onset date in heavy box. Count back to figure the probable exposure period.



The communicable period is quite variable—weeks to months without treatment. Infected persons without symptoms are more likely to be infectious than those who are sick.

POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

Skip this section if case is already epi-linked.

- no risk factors could be identified
- patient could not be interviewed

POSSIBLE SOURCES:

- yes no
- a drinking untreated water (stream, etc.)
 - b attends or works in daycare center/nursery
 - c male homosexual contact

- d contact with other people with diarrhea
- e recreational water (pools, water slides, lakes,...)
- f travel outside U.S. to _____
- g other travel to _____
- h recent arrival from overseas _____
- i eating at restaurants
- j eating at other gatherings (potlucks, events)
- k _____

SOURCE OF HOME WATER

- unknown
- private source
- well
- surface _____
- public/community system
- name of company: _____
- _____

Provide details about possible sources and risk factors

CONTACT MANAGEMENT AND FOLLOW-UP

HOUSEHOLD ROSTER

name	age	occupation	diarrhea			onset date			education provided			comments
			yes	no	unk	m	d	y	yes	no	unk	
-----			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-----
-----			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-----
-----			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-----
-----			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-----

Does the case know about anyone else with a similar illness? yes no could not be interviewed
if yes, give names, onset dates, contact information, and other details.

During the communicable period, did the case prepare food for any public or private gatherings? yes no if yes, provide details below.

If the case or household contact is a food handler, HCW with direct patient contact, or works at or attends daycare, provide details about site, job description, dates worked/attended during communicable period (if applicable), supervisor, etc.

Does the patient attend daycare or nursery school? yes no
If yes: Is the patient in diapers? yes no
Are other children or staff ill? yes no

SUMMARY OF FOLLOW-UP AND COMMENTS. Provide details as appropriate.

- hygiene education provided
- restaurant inspection
- work or daycare restriction for case
- _____
- daycare inspection



ADMINISTRATION

Remember to copy patient's name to the top of this page.

Completed by _____ Date _____ Phone _____ Case report sent to SOE on ___/___/___
Investigation sent to SOE on ___/___/___