**Cyclosporiasis**

**CASE IDENTIFICATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>LAST, first, initials (a.k.a.)</th>
<th>Phone(s)</th>
<th>indicate home (H); work (W); message (M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Street</td>
<td>City</td>
<td>Zip</td>
</tr>
<tr>
<td>e-mail address</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SOURCES OF REPORT (check all that apply)**

- [ ] Lab
- [ ] Infection Control Practitioner
- [ ] Physician

**ALTERNATIVE CONTACT:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone(s)</th>
<th>indicate home (H); work (W); message (M)</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>e-mail address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>SEX</th>
<th>[ ] female</th>
<th>[ ] male</th>
</tr>
</thead>
<tbody>
<tr>
<td>HISPANIC</td>
<td>[ ] yes</td>
<td>[ ] no</td>
</tr>
<tr>
<td>RACE</td>
<td>[ ] White</td>
<td>[ ] American Indian</td>
</tr>
<tr>
<td>[ ] Black</td>
<td>[ ] Asian/Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>[ ] unknown</td>
<td>[ ] refused to answer</td>
<td></td>
</tr>
</tbody>
</table>

**DATE OF BIRTH**

<table>
<thead>
<tr>
<th>m</th>
<th>d</th>
<th>y</th>
</tr>
</thead>
</table>

or, if unknown, **AGE**

**BASIS OF DIAGNOSIS**

**CLINICAL DATA**

- Symptomatic: [ ] yes | [ ] no | [ ] unk
  - if yes, ONSET on
- Check all that apply:
  - diarrhea: [ ] yes | [ ] no | [ ] unk
    - if yes, ONSET on
- Unusual fatigue: [ ] pos | [ ] neg | [ ] unk
- Weight loss: [ ] pos | [ ] neg | [ ] unk
  - if yes, _______ lbs.
- Hospitalized: [ ] yes | [ ] no | [ ] unk
  - name of hospital
  - date of admission
  - date of discharge
- Transferred to/from another hospital: [ ] yes | [ ] no | [ ] unk

**LABORATORY DATA**

- Lab confirmed: [ ] yes | [ ] no | [ ] unk
  - if yes, Lab ___________________
  - Specimen:
    - [ ] stool
    - [ ] other________
    - Specimen collected
  - Confirmed at PHL:
    - [ ] yes | [ ] no | [ ] unk

**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

If yes to any question, specify relevant names, dates, places, etc:

**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.
PATIENT'S NAME

CASE REPORT

INFECTION TIMELINE

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

INFECTION TIMELINE

EXPOSURE PERIOD

days from onset:
calendar dates:

-14
-7
-1
onset

POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

Skip this section if the case was already epi-linked.

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

POSSIBLE SOURCES:

yes no

a ☐ ☐ other produce consumption
b ☐ ☐ drinking untreated surface water
c ☐ ☐ recreational water
   (pools, water slides, lakes,...)
d ☐ ☐ raspberry, basil or lettuce consumption

g ☐ ☐ eating at other gatherings (potlucks, events)

SOURCE OF HOME WATER

☐ unknown
☐ private source
☐ surface
☐ public/community system
   name of company:

Provide details about possible sources and risk factors.

CONTACT MANAGEMENT AND FOLLOW-UP

OTHER FOLLOW-UP. Provide details as appropriate.

☐ hygiene education provided
☐ follow-up of other household member(s)
☐ testing of home/other water supply
☐ 

ADMINISTRATION

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

Case report sent to OHS on ___/___/

Completed by ______________________ Date ____________ Phone ____________ Investigation sent to OHS on ___/___/___