CONFIDENTIAL				Iowa D	epartment of Public Health
	oridiosis Phone	Agency: number:		FOR STATE USE ON Status: Confirmed Suspect Reviewer initials: Referred to another st	 Probable Not a case
CASE					
OACE					
Last name:		Date of Birth	: / /	Estimated	? 🔲 Age:
First and middle name:		Gender	: 🗌 Female [Male Dther	
Maiden name:	Suffix:	Pregnant	🗌 Yes 🔲 No	Dunk Est. deli	very date: / /
		Marita	I Single	 Married Parent with parent 	Separated
Zip:			🗌 American Ir	ndian or Alaskan Native rican American	Unknown
State:	County:			r Pacific Islander	
Long-term care	res 🗌 No 🔲 Unknown	Ethnicity Parent/Guardiar	— •	Latino 🗌 Not Hispar	nic or Latino 🛛 Unknown
Facility name:		name	:		
Facility phone: () Туре:	Parent/Guardian phone	1 : <u>()</u> -	Т	уре:
EVENT					
Diagnosis	/ Onset date: /	/	l ast name [.]		
Event outcome:	Survived this illness Died from Died unrelated to this illness Died from Died unrelated to this illness Died unrelated	om this illness	Laot namo.		
Event outcome.	Date of death / / Case could not be found	Unknown	First name:		
Event exception	Case could not be interviewed Case refused interview Other – see notes	provider information	Title:	□ ARNP □ □ DO □	MD 🗌 PA NP
Outbreak related:	Yes No Unknown	ir info			
Outbreak name:		ovide	Facility name:		
Exposure setting:			Address line 1:		
Epi-linked:	Yes No Unk To whom	ealthcare	Address line 2:		
Location acquired:	☐ In USA, in reporting state ☐ In USA, outside reporting state	He	Zip code:		City:
	Outside USA Unknown				
	Charles Country				
LABORATORY FINDIN			Phone :	()	Туре:
				Collection	
					/ /
Date received:		Specimen source		Test type:	
Result type: Pro	-		/ / parvum	Result:	Positive Negative
Organism: Crypt	tosporidium	Type (e.g. serotype)	hominis	Collection	
Laboratory:		Accession #			/ /
Date received:		Specimen source		Test type:	
Result type: 🗌 Pro			/ / parvum	Result:	Positive Negative
Organism: Crypt	tosporidium	Type (e.g. serotype)	hominis		
Laboratory:		Accession #		Collection date:	/ /
		Specimen source			

CONFIDENTIAL Date received:	PA		IAME:						Test ty		rtment of Pub	olic Health
Date received.	1	/							- -	/pe.		
Result type:] Prelimina	ry 🗌 Fir	nal		Resu	lt date:	/	/ um	Res	sult: 🗌	Positive] Negative
Organism: C	ryptospor	idium		Тур	be (e.g. ser	otype):						
OCCUPATIONS												
Interpret 'occupati	on' very lo	oosely an	d consider eve	ry perso	n to have a	at least	one 'occu	upation'				
Occupation type:					Job title:							
Worked after symptom onset:	🗌 Yes	🗌 No	Unknown	Fac	ility name:	_						
Date worked from:												
Date worked to:												
Removed from			Unknown					State:			nty:	
Date removed: Har				 Inknown	Phone:	_()	Ext:		Туре		
Attend or provide c		🗌 Yes		Inknown				h care setting:				
Work in a la		☐ Yes		Inknown				nt care duties: e worker type:	∐ Yes	∐ No	Unknov	vn
Occupation type: Worked after												
symptom onset:	🗌 Yes	🗌 No	Unknown	Fac	ility name:							
Date worked from:	/	/			Address:							
Date worked to:	/	/			Zip code:							
Removed from duties:	🗌 Yes	🗌 No	Unknown		City:			State:		Cour	nty:	
Date removed:	/	1			Phone:	()	Ext:		Туре		
Har Attend or provide c												
Atten	d school:	🗌 Yes	🗌 No 🗌 U	Inknown				h care setting: nt care duties:			Unknov	
Work in a la	-	☐ Yes		INKNOWN			Health car	e worker type:				
HOSPITALIZATION												
Was the case hospi												
Hospital:				Adr	nission dat	e:	/	/	Discharge Isolatio		/	/
Days				Isola	ated at entr	y: 🗆	Yes 🗌 M	lo 🗌 Unk	(Current iso	entry):		
hospitalized:				Curre	ntly isolate	d: 🗌	Yes 🗌 N	lo 🗌 Unk		type:		
CLINICAL INFO &	DIAGNOSI	IS										
Is case immunosu Symptoms:	ppressed	? 🗌 Yes	No Ur	nk								
Diarrhea			Onset da	ate:	/	/			Duratio	n:	hours/day	/S
Ever					1				Duratio	n:	hours/day	/S
Vomiting			Onset da	ate:	/	/			Duratio	n:	hours/day	/S
Abdominal cram	ps				/					n:		
	1				/ /				Duratio	n:	hours/day	/S
	eignt loss		Weight lo	DST:	lbs/ł	Ny						
TREATMENT Medications presc	ribed? 🗆			'n								
									Madissi			
Medication:				Da	on:							
Date started:					ed:						/ /	
Dose:				Dos	se:				Dose	:		
Center for Acute Dis	sease Epid	lemiology	Fax:	515-281	-5698				(Crypto	Revised Aug	-17 2

CONFIDENTIAL P	ATIENT NAME:					Iowa I	Departme	nt of Public Health
Unit:	ml IU	Unit:	🗌 ml 🗌] IU	# of	Unit: times a	🗌 mg	mi IU
day:	Route:	day:	Route:			day:		Route:
		KPOSURE PERIOD	c	Inset	Сомми	JNICABLE	PERIOD	
Enter onset date in dark-li box. Enter dates for start exposure period and start end of communicable peri	of and of	The incubation period f cryptosporidiosis is 1 12 days.	or		Cryptospo communica after sympt	oridiosis is able for sev toms resolv	veral week /e.	s
RISK FACTORS/TRAVEL				•••	•••••	• • • • • • • • • •	•••••	
Traveled within Iowa?	ormation – <i>In the 12 day</i> City in	s prior to onset of	<u>symptom</u> Depart		ase:	R	eturn	
☐ Yes ☐ No ☐ Unk Traveled within U.S.? ☐ Yes ☐ No ☐ Unk	lowa: State: City	r	Depart	ate: // ure ate: //	/ / / /	R	date: eturn date:	
Traveled outside U.S.?			Depart				eturn	1 1
	Country:		-	ate: /	/ /		date:	/ /
Visit restaurants? Y	es 🔲 No 🛄 Unk <i>If Ye</i> s Address/Zip	s, complete the table be Date visite		Foods con	sumed			Others ill?
					Juniou			☐ Yes
		/	/					No Unk
		/	/					🗌 No 🔲 Unk
Attended Group Gather Type of gathering	rings (e.g. weddings)? [Address/Zip	Yes No L	-	If Yes, con Foods con	<i>.</i>	following ta Foods pr		Others ill?
Type of gamering	Address/Zip	Date visite	iu .	FOOUS CON	sumeu	roous pi	epareu	
		/	/					□ No □ Unk □ Yes
		/	/					□ No □ Unk □ Yes
		/	/					Yes No _ Unk
Dietary Information – In	n the 12 days prior to or	nset of symptoms d	lid the ca	se consum	e the fol	lowing:		
Unpastuerized milk:		From dates / consumed: /			dates umed:	 	/	
List all source/types:		List all b	rand names	s:				
Other unpastuerized milk products:	IYES I INO I IUNK	From dates / consumed: /	/	To consu	dates	/	/	
-			, ,			1	1	
List all source/types: Other unpastuerized	Yes No Unk	From dates /	rand names /		dates	/	/	
products (i.e. juice):		consumed: /	/	consu	umed:	/	/	
List all source/types:			rand names					
<u>Animal Exposures – In</u>	the 12 days prior to the			<i>case have</i> with manure		_		Unk
Visit or live on a		Unk Contact with		mals on farm		_	io iheep/goa	
Visit any animal ex (petting zoo, county		Unk Ty	pe of anim	als at exhibit	: 🗌 Cov	ws 🗆 S	heep/goa	ts 🗌 Pigs
Exhibit name: Address/Zip/County:								
Water Exposures – In the 12 days prior to the onset of symptoms did the case: Go swimming or have contact with recreational types of water? Yes No Unk If Yes, complete the table below:								
Type		Location Type	Date visi			name/ Stre		
Hot tub/spa	ond	Hotel/motel	/	/				
	ater park vimming pool	Indoor private Indoor public		-				
Lake Wa	ater fountain/ splash pad her	 Outdoor private Outdoor public 						
☐ Hot tub/spa ☐ Po	und	Hotel/motel	/	/				
	ater park vimming pool	Indoor private Indoor public		ŀ				
	ater fountain/ splash pad	Outdoor private Outdoor public						

	PATIENT NAME:				Iowa Department of I	Public Health
Kiddie pool River/stream Lake	Water park Ir Swimming pool Ir Water fountain/ splash pad O	lotel/motel ndoor private ndoor public outdoor private outdoor public	/	/		
Drinking water supply				_		
Home: Bottled		Well	School: [Bottled Commercial Delivery	☐ Municipal ☐ Rural water	🗌 Well
Work: Bottled	Municipal	Well C		Bottled Commercial Delivery	Municipal Rural water	U Well
Did patient use a water		Unk				
Other Exposures – In	n the 12 days prior to the onset	of symptoms	3			
	r diapers 🗌 Yes 🗌 No 🗍 Unk	Have conta		ers: 🗌 Yes 🗌 No [Unk	
Have con immunocompromised		Setting:	☐ Home ☐ Work	Other		
Have sex with some	•	Sexual	Hetero	Bisexual		
similar sy	mptoms: Yes No Unk	preference:	🗌 Homo	🗌 Unknown		
Other risk factors						
Do vou have a child in cl	hild care?	List child ca	re names:			
CONTACTS						
Number of people livi	ng in agaa'a hayaahaldu					
	ng in case's household:					
Are there close conta	cts of the case with same symptom	i s: 🗌 Yes 🔲	No 🗌 Unkn	own		
Name	DOB	Gender		Address	s/Phone	
	/ /	Male				
			Zip code:		Phone: - Same	-
Re	lationship to case:	l ist				le contact a
Spouse		LIST	symptoms	Symptom onset date	exposures	Is contact a case?
	Sexual contact		symptoms		exposures	case?
Child	Sexual contact Family member (non-household)		symptoms	onset date	exposures	case?
☐ Child ☐ Sibling ☐ Roommate	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc		symptoms	onset date	exposures Restaurant Gatherings Food Animal	case?
Child	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other	·		onset date / /	exposures Restaurant Gatherings Food	case?
☐ Child ☐ Sibling ☐ Roommate	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other	·		onset date / /	exposures Restaurant Gatherings Food Animal	case?
Child Sibling Roommate Parent/ guardian	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is a c	ase create a ne Gender		onset date / /	exposures Restaurant Gatherings Food Animal Water	case?
Child Sibling Roommate Parent/ guardian	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is a c	ase create a ne Gender		onset date / /	exposures Restaurant Gatherings Food Animal Water	case?
Child Sibling Roommate Parent/ guardian	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is a c	ase create a ne Gender		onset date / / or case for this contact. Address	exposures Restaurant Gatherings Food Animal Water	case?
Child Sibling Roommate Parent/ guardian Name	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is a c	ase create a ne Gender Male Female	w event and/o	onset date / / or case for this contact. Address Symptom	exposures Restaurant Gatherings Food Animal Water	Case?
Child Sibling Roommate Parent/ guardian Name	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is a c DOB / /	ase create a ne Gender Male Female	w event and/o Zip code:	onset date / / or case for this contact. Address	exposures Restaurant Gatherings Food Animal Water	case?
Child Sibling Roommate Parent/ guardian	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is a c DOB / / / lationship to case: Sexual contact Family member (non-household)	ase create a ne Gender Male Female Z	w event and/o Zip code:	onset date / / or case for this contact. Address Symptom onset date	exposures Restaurant Gatherings Food Animal Water S/Phone Phone: - Same exposures Restaurant Gatherings	case? ☐ Yes ☐ No _ No _ Is contact a case?
Child Sibling Roommate Parent/ guardian Name Spouse Child Sibling	Sexual contact Family member (non-household) Friend/acquaintance Ontact- work/school/etc Unknown/Other If this contact is a c DOB / / Iationship to case: Sexual contact Family member (non-household) Friend/acquaintance	ase create a ne Gender Male Female Z	w event and/o Zip code:	onset date / / or case for this contact. Address Symptom onset date	exposures	case? ☐ Yes ☐ No Is contact a case? ☐ Yes
Child Sibling Roommate Parent/ guardian	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is a c DOB / / / lationship to case: Sexual contact Family member (non-household)	ase create a ne Gender Male Female Z	w event and/o Zip code:	onset date / / or case for this contact. Address Symptom onset date	exposures Restaurant Gatherings Food Animal Water S/Phone Phone: - Same exposures Restaurant Gatherings	case? ☐ Yes ☐ No Is contact a case? ☐ Yes
Child Sibling Roommate Parent/ guardian Name Spouse Child Sibling Roommate Parent/ guardian	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other <i>If this contact is a c</i> DOB //// Iationship to case: Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other <i>If this contact is a c</i>	ase create a ne Gender Gender Male Female Z List ase create a ne	w event and/o Zip code:	onset date / / or case for this contact. Address Symptom onset date / / or case for this contact.	exposures	case? ☐ Yes ☐ No Is contact a case? ☐ Yes
Child Sibling Roommate Parent/ guardian Name Spouse Child Sibling Rel Sibling Rel	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other <i>If this contact is a c</i> DOB / / lationship to case: Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other	ase create a ne Gender	w event and/o Zip code:	onset date / / or case for this contact. Address Symptom onset date / /	exposures	case? ☐ Yes ☐ No Is contact a case? ☐ Yes
Child Sibling Roommate Parent/ guardian Name Spouse Child Sibling Roommate Parent/ guardian	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other <i>If this contact is a c</i> DOB //// Iationship to case: Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other <i>If this contact is a c</i>	ase create a ne Gender Gender Alle Female Z List ase create a ne Gender Male	w event and/o Zip code:	onset date / / or case for this contact. Address Symptom onset date / / or case for this contact.	exposures	case? ☐ Yes ☐ No Is contact a case? ☐ Yes
Child Sibling Roommate Parent/ guardian Name Spouse Child Sibling Roommate Parent/ guardian	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other <i>If this contact is a c</i> DOB //// Iationship to case: Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other <i>If this contact is a c</i>	ase create a ne Gender Gender Alle Female Z List ase create a ne Gender Alle Semale	w event and/o	onset date / / or case for this contact. Address Symptom onset date / / or case for this contact. Address	exposures Restaurant Gatherings Food Animal Water Phone: - Same exposures Restaurant Gatherings Food Animal Water Vater	case? ☐ Yes ☐ No Is contact a case? ☐ Yes
Child Sibling Roommate Parent/ guardian Name Spouse Child Sibling Roommate Parent/ guardian Name Name	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other <i>If this contact is a c</i> DOB //// Iationship to case: Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other <i>If this contact is a c</i>	ase create a ne Gender Gender Genale Female Z List Gender Gender Gender Gender	w event and/o Zip code: symptoms w event and/o Zip code:	onset date / / or case for this contact. Address Symptom onset date / / or case for this contact. Address Symptom	exposures Restaurant Gatherings Food Nanimal Water Phone: - Same exposures Restaurant Gatherings Food Animal Water Phone: - S/Phone Phone: - Same Phone: Ph	case? Yes No Is contact a case? Yes No Is contact a case? Yes No Is contact a Is contact a
Child Sibling Roommate Parent/ guardian Name Child Sibling Child Sibling Parent/ guardian Name Rel Rel Rel Rel Rel Rel Rel Rel Rel Re	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other //// Iationship to case: Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other /// // Iationship to case: /// Iationship to case: /// Iationship to case: /// Iationship to case:	ase create a ne Gender Gender Genale Female Z List Gender Gender Gender Gender	w event and/o	onset date / / or case for this contact. Address Symptom onset date / / or case for this contact. Address Symptom onset date	exposures Restaurant Gatherings Food Animal Water Phone: - Same exposures Restaurant Gatherings Food Animal Water Phone: - Same exposures SyPhone Phone: - Same Phone: -	case? ☐ Yes ☐ No Is contact a case? ☐ Yes ☐ Yes ☐ No ☐ No ☐ S contact a case?
Child Sibling Roommate Parent/ guardian Name Spouse Child Sibling Roommate Parent/ guardian Name Name	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other /// // lationship to case: Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other /// / lationship to case: ///	ase create a ne Gender Gender Gender C Semale C Semale C Semale C Gender C Semale C	w event and/o Zip code: symptoms w event and/o Zip code:	onset date / / or case for this contact. Address Symptom onset date / / or case for this contact. Address Symptom	exposures Restaurant Gatherings Food Animal Water Phone: - Same exposures Restaurant Gatherings Food Animal Water Phone: - Same exposures Animal Water Phone: - Same exposures Same exposures Restaurant	case? Yes No Is contact a case? Yes No Is contact a case? Yes No Is contact a Is contact a
Child Sibling Roommate Parent/ guardian Name Spouse Child Sibling Roommate Parent/ guardian Rel Sibling Roommate Parent/ guardian Rel Sibling Roommate Sibling Roommate Sibling Roommate Sibling Roommate Sibling Roommate Sibling Rel Sibling Sibling	Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other <i>If this contact is a c</i> DOB //// Iationship to case: Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other /// Iationship to case: Sexual contact is a c DOB /// I ationship to case: Sexual contact Family member (non-household) /// Iationship to case: Sexual contact Family member (non-household) ///	ase create a ne Gender Gender Gender C Semale C Semale C Semale C Gender C Semale C	w event and/o Zip code: symptoms w event and/o Zip code:	onset date / / or case for this contact. Address Symptom onset date / / or case for this contact. Address Symptom onset date	exposures Restaurant Gatherings Food Animal Water Main Water S/Phone Phone: - Same exposures Restaurant Gatherings Food Animal Water Animal Water Animal Water Animal Water S/Phone Phone: - S/Phone Restaurant Gatherings Phone: - Same exposures Restaurant Gatherings Food	case? Yes No Is contact a case? Yes No Is contact a case? Is contact a case? Yes Is contact a case? Yes Yes Yes Yes
Child Sibling Roommate Parent/ guardian Name Spouse Child Sibling Roommate Parent/ guardian Rel Sibling Roommate Rate Sibling Roommate Rate Child Sibling Roommate Rate Child Roommate Rate Child	Sexual contact Family member (non-household) Friend/acquaintance Unknown/Other /// / Iationship to case: Sexual contact Family member (non-household) Friend/acquaintance Contact- work/school/etc Unknown/Other /// Iationship to case: /// // // // // // // // // // // // /	ase create a ne Gender Gender Gender C Semale C Semale C Semale C Gender C Semale C	w event and/o Zip code: symptoms w event and/o Zip code:	onset date / / or case for this contact. Address Symptom onset date / / or case for this contact. Address Symptom onset date	exposures	case? Yes No Is contact a case? Yes No Is contact a case? Is contact a case? Yes Is contact a case? Yes Yes Yes Yes

CONFIDENTIAL		NAME:	
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NOTES:	