



Send completed forms to DOH Communicable Disease Epidemiology
 Fax: 206-418-5515

LHJ Use ID _____
 Reported to DOH Date ___/___/___
LHJ Classification Confirmed
 Probable
 By: Lab Clinical
 Other: _____
 Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
 Date Received ___/___/___
DOH Classification
 Confirmed
 Probable
 No count; reason: _____

Cyclosporiasis

County _____

REPORT SOURCE

Initial report date ___/___/___
 Reporter (check all that apply)
 Lab Hospital HCP
 Public health agency Other
 OK to talk to case? Yes No Don't know
 Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
 Address _____ Homeless
 City/State/Zip _____
 Phone(s)/Email _____
 Birth date ___/___/___ Age _____
 Gender F M Other Unk
 Ethnicity Hispanic or Latino
 Not Hispanic or Latino
 Race (check all that apply)
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other
 Alt. contact Parent/guardian Spouse Other Name: _____
 Phone: _____
 Occupation/grade _____
 Employer/worksite _____ School/child care name _____

CLINICAL INFORMATION

Onset date: ___/___/___ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y N DK NA
 Diarrhea Maximum # stools in 24 hours: _____
 Watery diarrhea
 Abdominal cramps or pain
 Nausea
 Weight loss with illness
 Bloating or gas
 Fever Highest measured temp (°F): _____
 Oral Rectal Other: _____ Unk

Laboratory

Collection date ___/___/___
Y N DK NA
 Cyclospora PCR positive (stool, duodenal aspirates, small bowel biopsy specimens)
 Cyclospora oocysts detected (stool, intestinal fluid, small-bowel biopsy specimen)
 Cyclospora sporulation demonstrated
 Food specimen submitted for testing

Predisposing Conditions

Y N DK NA
 Immunosuppressive therapy or disease

Hospitalization

Y N DK NA
 Hospitalized for this illness

Hospital name _____
 Admit date ___/___/___ Discharge date ___/___/___

Y N DK NA
 Died from illness Death date ___/___/___
 Autopsy

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

Exposure period
Days from onset:

o
n
s
e
t

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- Travel out of the state, out of the country, or outside of usual routine
Out of: County State Country
Destinations: _____
Date left: _____
Date returned: _____

- Case knows anyone with similar symptoms
- Epidemiologic link to a confirmed human case**
- Raw fruits or vegetables
Berries Y N DK NA
Type: _____
Fresh herbs Y N DK NA
Type: _____
Lettuce or salad greens Y N DK NA

Y N DK NA

- Group meal (e.g. potluck, reception)
- Food from restaurants
Restaurant name/location: _____

Y N DK NA

- Source of home drinking water known
 Individual well Shared well
 Public water system Bottled water
 Other: _____
- Drank untreated/unchlorinated water (e.g. surface, well)
- Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)

- Patient could not be interviewed
- No risk factors or exposures could be identified

Most likely exposure/site: _____ Site name/address: _____

Where did exposure probably occur? In WA (County: _____) US but not WA Not in US Unk

PUBLIC HEALTH ISSUES

Y N DK NA

- Outbreak related

PUBLIC HEALTH ACTIONS

- Initiate traceback investigation
- Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ___ / ___ / ___

Local health jurisdiction _____