Colorado Department of Public Health and Environment

Communicable Disease Epidemiology Program 4300 Cherry Creek Dr S, Denver, CO 80246 Phone 303-692-2700, Fax 303-782-0338

GIARDIASIS CASE INVESTIGATION FORM

Use this form to determine case status of reported cases and to interview confirmed and probable cases of giardiasis.

Please be sure to enter questions marked with a * into CEDRS to assist with determining

case status for all reported cases

| Patient Name: | CEDRS# | / Interview date:// |
|--|---------------------------------------|--|
| Agency Name: | | n Completed by: |
| Person interviewed: Case Other (circ | | e Household member Friend Physician) |
| | | |
| Demographics and Contact Information | | |
| Date of Birth/Age: (| Circle: Yrs., Mos., Days |) Sex: F M |
| Race (Circle all that apply): American Indian/Alaska Native Pacific Islander/Hawaiian Native W | | Unknown |
| Ethnicity (Circle one): Hispanic | Non Hispanic | Unknown |
| Language spoken: | Pare | nt/legal guardian: |
| Residence: | | ne Numbers: |
| Address: | | e Phone: () |
| City: | Worl Page | k Phone: () |
| County: Zip Code: | Mob | |
| | | (;) (;) (;) (;) (;) |
| Laboratory information *****please confirm | | · |
| Laboratory confirmed: Yes No Lab or hospital name: | | d fast stain (microscopy) EIA DFA |
| | | simon source: Steel Other: |
| Date specimen(s) collected:// | • | cimen source: Stool Other: |
| Physician Name: | | MD Phone: () |
| Clinic Name: | | City/State: |
| Olinical Description (Vest), Name Halve | | |
| Clinical Description (Yes=Y; No=N; Unki Did the patient have symptoms?: Y N L | <u>nown=u)</u> J | e / / Time: AM/PM |
| Did the patient have complement. | y 00, 01100t dat | · · · · · · · · · · · · · · · · · · · |
| Did the patient have: *Diarrhea Y N U *A | A | |
| | Abd. cramps Y N U Bloating Y N U | |
| | Weight loss Y N U | , and the second |
| | - | |
| | | omatic cases are considered 'suspect cases' and will o symptoms, please complete questions on page 2 |
| about recent immigration/refugee/adoption and | | |
| | | |
| How many days did the illness last? Did case receive antiparasitic medication for the | days | Medication name: |
| Did case receive antiparastic medication for the | iis iiiiless? f in U | Medication name |
| Outcome: Survived Died Unk If | f died, date of death: | <u></u> |
| Was patient hospitalized? Yes No | Unk (ER visits on | ly not considered "hospitalized") |
| If hospitalized: Hospital Name: | 1 1 | - Date of Discharge: |
| Was patient hospitalized? Yes No | | |

| | Patient Na | ame: _ | | | | | | CEDR | S# | | |
|---|--|---------------------------------|------------------|--------------------------|----------|--------------------------|---------|------------|---|------------------|-----|
| | | | | | | | | | | | |
| Infection timeline | | €xpc | sure pe | eriod | C | omm | unica | able pe | riod | | |
| Enter onset date in box, then count back to determine probable exposure period and enter those dates. | Days from onset: | -25 | -7 | -3 | L | set dat | | s v | /ariable—a ysts excre tool; most while havin liarrhea | ted in infection | |
| If not other | vise specified, please asl | about ex | cposures 3- | 25 days I | pefore | sympto | m onse | et. | | | |
| Travel information *Did patient immigrate to the US do If yes: | uring the past 6 mon | ths? | Yes | No | U | nk | | | | | |
| *Is patient a refugee? *Is patient a recent adopte {If pt has no symptone | e? Yes No oms, STOP here} | Unk Unk | | | | | | | | | |
| Did patient travel outside the US in If yes, Country (1) (2) | Date left US Date | returne | ed to US | ness? | Υe | es | No | Unk | | | |
| (2) (3) | | | | | | | | | | | |
| Did patient travel within the US in t | | | | | | | Yes | No | Unk | | |
| ☐ Private source: | ng water at home? lame Well water ame | Sur | face wate | | | | | |) | | |
| Doco patient ace a water inter at its | | vviiat t | ,po | | | | | | | | |
| Did patient drink any water from a If yes, was the water treate If yes, describe pro | | use? | Yes | | No Ur | | Unk | | | | |
| Did the patient swim or wade in an Hot tub/spa, whirlpool, Jac Lake, pond, river, or strear Recreational water park or Swimming or wading pool Drainage ditch/irrigation ca Other, specify: | uzzi n any type of fountain nal | Y N Y N Y N Y N Y N | U U U U | al water | ? | <u>If ye</u> | s, loca | ation / da | ates: | | |
| Did the patient participate in other | water activities such | as fishi | ng, kayal | king, ca | noeir | ng or o | other b | ooating? | Yes | No | Unk |
| Pet or animal exposure Did the patient visit or live on a farr Visit any animal exhibits (petting zo If yes to either, did the cas Have a pet or contact with other per | oo, county fair, etc) e have exposure to i | | | Yes Yes Yes Yes | No No | Unk Unk Unk Unk | | | | | |
| If yes to any of these, indic Dog/puppy Y N Cat/kitten Y N | ate the animals with | | patient ha | | act: | | | | | | |
| Were any of these animals If Yes, provide det | | r recent | ly ill? | | Y | N | | | | | |

| d others accompanying the case become ill with diarrhea, fever, or about others became ill after a common exposure, this may be an outbreak. sistance.) Shool/Work Ecupation: Student? Yestace of Employment: If yes, Name ones the case Stend, work or volunteer at a child care center / preschool? Stend, work or volunteer at a residential facility? (e.g. nsg home) Styes to any of the above, | es No e of School Yes Yes | ional epid | | or CDPHE f |
|--|------------------------------------|------------|---------------|-------------|
| cothers became ill after a common exposure, this may be an outbreak. sistance.) Shool/Work Coupation: Student? Ye ace of Employment: Lend, work or volunteer at a child care center / preschool? Student of the case Student of the case Student of the case of th | es No e of School Yes Yes | ol: | demiologist o | or CDPHE f |
| cothers became ill after a common exposure, this may be an outbreak. sistance.) Shool/Work Coupation: Student? Ye ace of Employment: Lend, work or volunteer at a child care center / preschool? Student of the case Student of the case Student of the case of th | es No e of School Yes Yes | ol: | demiologist o | or CDPHE f |
| cothers became ill after a common exposure, this may be an outbreak. sistance.) Shool/Work Coupation: Student? Ye ace of Employment: Lend, work or volunteer at a child care center / preschool? Student of the case Student of the case Student of the case of th | es No e of School Yes Yes | ol: | demiologist o | or CDPHE f |
| Student? Yeace of Employment: Student? Yeace of Employment: If yes, Name ones the case Items are content of the case in | e of School Yes Yes | No | Unk | |
| lf yes, Name of Employment: If yes, Name of the case lend, work or volunteer at a child care center / preschool? live a child(ren) in a child care center? lend, work or volunteer at a residential facility? (e.g. nsg home) | e of School Yes Yes | No | Unk | |
| pes the case tend, work or volunteer at a child care center / preschool? tend, work or volunteer at a child care center? tend, work or volunteer at a residential facility? (e.g. nsg home) | Yes Yes | No | Unk | |
| tend, work or volunteer at a child care center / preschool? ave a child(ren) in a child care center? tend, work or volunteer at a residential facility? (e.g. nsg home) | Yes | | | |
| tend, work or volunteer at a residential facility? (e.g. nsg home) | | No | Unk | |
| | V | | O I III | |
| yes to any of the above, | Yes | No | Unk | |
| | | | | |
| Name and location of facility | | | | |
| Are other children/staff ill? | Yes | No | Unk | |
| ovide direct patient care as a health care worker? | Yes | No | Unk | |
| If yes, name and location of facility | | | | |
| ork as a food handler? | Yes | No | Unk | |
| If yes, name and location of facility | | | | |
| nce the case became ill, did case prepare food for any public or private | e gatherin | gs? Ye | s No | Unk |
| If yes, provide details: | | | | |
| ontact management | | | | |
| emplete the table below for all household members and other close co | ntacts. If | any of th | ese persons | has been |
| nilar symptoms, please indicate the date of onset and symptoms. Impe Age Occupation/ Similar Onse | et | Comm | ents | |
| Child Care illness m d | | - | | |
| Y N U Y N U | | | | |
| Y N U | | | | |
| Y N U Y N U | | | | |
| YNU | | | | |
| Y N U | | | | |
| pi-links | Ink | If you | EDDO# | |
| any person listed above already a confirmed or Yes No L suspected case in CEDRS? | Jnk | ir yes, C | EDRS# | |

Patient Name: _____ CEDRS # _____

If case or household contact is high risk (food handler, health care worker, child care) refer to CD manual for restrictions/follow up. Obtain details of site, job description, dates worked/attended during communicable period, supervisor name, etc.

| Patient Name: | CEDRS # |
|--|--|
| Notes: | |
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| Summary of follow up ☐ Hygiene education provided | ☐ Child care center inspected |
| ☐ Work or childcare restriction for case ☐ Follow up of other household members | ☐ Testing of home or other water source |
| Questions a | about filling out this form? |
| Contact the Communicable Disease Epide | emiology Program at 303-692-2700, 800-866-2759 |

After finishing case interview, update the CEDRS record. Do NOT send this form to CDPHE unless it is requested (e.g. as part of a suspected outbreak).