



Send completed forms  
DPHHS CD Epi Program  
Fax: 800-616-7460

Case ID \_\_\_\_\_  
 Reported to DOH      Date \_\_\_/\_\_\_/\_\_\_  
 LHJ Classification       Confirmed  
     Probable  
 By:  Lab     Clinical  
 Epi Link: \_\_\_\_\_

**Outbreak-related**  
**LHJ Cluster #**  
 \_\_\_\_\_  
**DPHHS Outbreak #**  
 \_\_\_\_\_

# Giardiasis

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  
 Investigation start date: \_\_\_/\_\_\_/\_\_\_  
 Reporter name \_\_\_\_\_  
 Reporter phone \_\_\_\_\_  
 Primary HCP name \_\_\_\_\_  
 Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_  
 Address \_\_\_\_\_  Homeless  
 City/State/Zip \_\_\_\_\_  
 Phone(s)/Email \_\_\_\_\_  
 Alt. contact  Parent/guardian     Spouse     Other    Name \_\_\_\_\_ Zip \_\_\_\_\_  
 code (school or occupation): \_\_\_\_\_ Phone \_\_\_\_\_  
 Occupation/grade \_\_\_\_\_  
 Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_  
 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

## CLINICAL INFORMATION

Onset date: \_\_\_/\_\_\_/\_\_\_     Derived    Diagnosis date: \_\_\_/\_\_\_/\_\_\_    Illness duration: \_\_\_\_\_ days

### SIGNS AND SYMPTOMS

**Y N ? NA**  
    **Diarrhea**    Maximum # of stools in 24 hours: \_\_\_\_\_  
    **Pale, greasy or odorous stool**  
    **Abdominal cramps or pain**  
    **Weight loss with illness**  
    **Bloating or gas**

### PREDISPOSING CONDITIONS

**Y N ? NA**  
    Immunosuppressive therapy or disease

### HOSPITALIZATION

**Y N ? NA**  
    Hospitalized for this illness

Hospital name \_\_\_\_\_  
 Admit date \_\_\_/\_\_\_/\_\_\_    Discharge date \_\_\_/\_\_\_/\_\_\_

**Y N ? NA**  
    Died from illness    Death date \_\_\_/\_\_\_/\_\_\_  
    Autopsy    Place of death \_\_\_\_\_

### LABORATORY

Collection date \_\_\_/\_\_\_/\_\_\_  
 Source \_\_\_\_\_

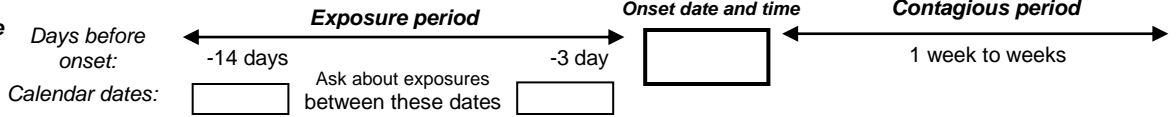
**P N I O NT**  
      **G. lamblia antigen by immunodiagnostic test such as EIA (stool)**  
      **G. lamblia cysts (stool)**  
      **G. lamblia trophozoites (stool, duodenal fluid, small-bowel biopsy)**

### NOTES

P = Positive    O = Other  
 N = Negative    NT = Not Tested  
 I = Indeterminate

**INFECTION TIMELINE**

Enter onset date and time (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods



**EXPOSURE (Refer to dates above)**

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

**LEAD-IN QUESTIONS**

- Y N ? NA
- Did you travel?  
Out of:  County  State  Country  
Dates/Locations: \_\_\_\_\_

- Does case know anyone else with similar symptoms?
- Contact with lab confirmed case  
 Casual  Household  Sexual  
 Needle use  Other: \_\_\_\_\_
- Epidemiologic link to a confirmed human case**

**EXPOSURE QUESTIONS**

- Y N ? NA
- Contact with diapered or incontinent child or adult
  - Group meal (e.g. potluck, reception)
  - Food from restaurants  
Restaurant name/location: \_\_\_\_\_

- Y N ? NA
- Source of 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)
  - Case or household member lives or works on farm or dairy
  - Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)  
Specify animal: \_\_\_\_\_
  - Exposure to pets  
Was the pet sick  Y  N  ?  NA
  - Zoo, farm, fair or pet shop visit
  - Any contact with animals at home or elsewhere  
Type? \_\_\_\_\_
  - Foreign arrival (e.g. immigrant, refugee, adoptee, visitor)  
Specify country: \_\_\_\_\_
  - Any type of sexual contact with others during exposure period:  
# female sexual partners: \_\_\_\_\_  
# male sexual partners: \_\_\_\_\_

Most likely exposure/site: \_\_\_\_\_

Site name/address: \_\_\_\_\_

Where did exposure probably occur?  In MT (County: \_\_\_\_\_)  US but not MT  Not in US  Unk

**PATIENT PROPHYLAXIS / TREATMENT**

**PUBLIC HEALTH ISSUES**

- Y N ? NA
- Employed as food worker
  - Non-occupational food handling (e.g. potlucks, receptions) during contagious period
  - Employed as health care worker
  - Employed in child care or preschool
  - Attends child care or preschool
  - Household member or close contact in sensitive occupation or setting (HCW, child care, food)

**PUBLIC HEALTH ACTIONS**

- Consider excluding case in sensitive occupation until diarrhea ceases
- Consider excluding symptomatic contacts in sensitive occupations or situations until diarrhea ceases
- Work or child care restriction
- Test symptomatic contacts
- Hygiene education provided
- Restaurant inspection
- Child care inspection
- Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_ / \_\_\_ / \_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_ / \_\_\_ / \_\_\_