

# CRYPTOSPORIDIOSIS

## Case details

NCIMS ID \_\_\_\_\_

**Surname** \_\_\_\_\_ **Given name** \_\_\_\_\_ **Sex** M F  
**DOB** \_\_\_/\_\_\_/\_\_\_ **Age** \_\_\_ yrs/mth  
**Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
**Suburb** \_\_\_\_\_ **Postcode** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
**Other contact** \_\_\_\_\_  
**Occupation/school/ Childcare** \_\_\_\_\_ **Last attended** \_\_\_\_\_  
**Indigenous**  Aboriginal **COB**  Australia **Language**  English  
 Torres St Islander  Other: *specify*  Other: *specify*  
 No \_\_\_\_\_

## Disease

**Symptomatic** Y N **Onset date** \_\_\_/\_\_\_/\_\_\_ **Duration** \_\_\_ days **Still ill?** Y N  
 Diarrhoea Y N Anorexia Y N Vomiting Y N  
 Fever Y N Abdominal Pain Y N Other \_\_\_\_\_  
 Immunosuppressed? Y N  
 (chemotherapy/steroids/methotrexate/transplant)

## NOTES

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Laboratory

Lab confirmed Y N Specimen  stool Specimen date \_\_\_/\_\_\_/\_\_\_  
 other: \_\_\_\_\_  
 Notification date \_\_\_/\_\_\_/\_\_\_ Received date \_\_\_/\_\_\_/\_\_\_

## Doctor Details

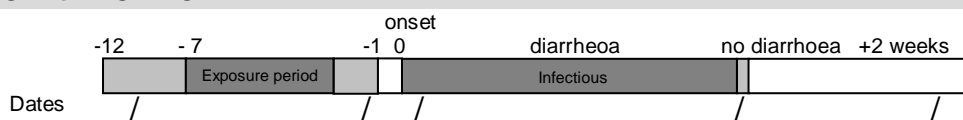
Treating doctor \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_

Doctor contacted Y N Case informed Y N Proceed with follow up Y N

## Outcome

Hospitalised Y N Admitted \_\_\_/\_\_\_/\_\_\_ Discharged \_\_\_/\_\_\_/\_\_\_  
 Hospital/s \_\_\_\_\_ MRN \_\_\_\_\_  
 Hosp doctor \_\_\_\_\_ Telephone \_\_\_\_\_ Address \_\_\_\_\_  
 Deceased Y N Death date \_\_\_/\_\_\_/\_\_\_ Death from crypto? Y N U

## Infection timeline



**Risk factors - Exposures in 1 to 12 days before onset:**

An outbreak Y N U \_\_\_\_\_  
 Another notified case Y N U \_\_\_\_\_  
 Possible case (not notified) Y N U \_\_\_\_\_  
 Attends preschool/ childcare Y N U Name \_\_\_\_\_  
 Are other attendees ill Y N U Date of last attendance \_\_\_\_\_  
 Is the case in nappies? Y N U

Source of drinking water? Home: \_\_\_\_\_  
 (provide details: town supply, Work: \_\_\_\_\_  
 other, etc) Other: \_\_\_\_\_

Drink untreated water? Y N U Source? (tank, surface water, bore, other) \_\_\_\_\_

Swimming? Y N U Date/s of attendance \_\_\_\_\_  
 before ill  while symptomatic  within 2 weeks after diarrhoea resolved  
 private pool  public pool\*  lake  splash park  river  dam  beach

Location \_\_\_\_\_

Address \_\_\_\_\_

\*Specify pool (in complex) \_\_\_\_\_

Greywater Reuse Y N U \_\_\_\_\_  
 Wastewater exposure? Y N U \_\_\_\_\_  
 Contact with pets? Y N U \_\_\_\_\_  
 Contact with other animals? Y N U \_\_\_\_\_  
 Visited a farm? Y N U \_\_\_\_\_  
 Attended a petting zoo? Y N U \_\_\_\_\_  
 Travel overseas? Y N U \_\_\_\_\_  
 Travel out of local area? Y N U \_\_\_\_\_  
 Sexual contact with risk of faecal exposure? Y N U \_\_\_\_\_  
 Raw: - fruit Y N U \_\_\_\_\_  
     - Salads Y N U \_\_\_\_\_  
     - Vegetables Y N U \_\_\_\_\_  
 Untreated milk or dairy products Y N U \_\_\_\_\_

**Follow up action**

Case advised about reducing spread to others Y N U \_\_\_\_\_  
 Review of swimming pool Y N \_\_\_\_\_  
 Other action required Y N \_\_\_\_\_

**NOTES**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed by: \_\_\_\_\_ Date finalised: \_\_\_\_\_