

CONFIDENTIAL Communicable Disease Report

Geauga County Health District
Please fax completed reports to (440) 285-4305
Questions? Call (440) 279-1950

EPI Database#	ODRS#	<input type="checkbox"/> NA	HDIS#	<input type="checkbox"/> NA
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Last Name:	First Name	M.I.
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*** This report must accompany the "Illness/Complaint General Questionnaire" when an individual has a suspected, probable, or confirmed communicable disease ***

Disease Name: _____

Please indicate if case is asymptomatic: yes, asymptomatic no-symptoms listed on Illness/Complaint Questionnaire unk

Household Contact Information:

Info for Household Contacts: (occupation code: 1-FSO, 2-Childcare staff/att, 3-Patient care giver, 4-Nonsensitive)

name	age	ill	occupation code	If sensitive occupation for household contact is indicated please list location name, address, and city
		<input type="checkbox"/> yes <input type="checkbox"/> no		
		<input type="checkbox"/> yes <input type="checkbox"/> no		
		<input type="checkbox"/> yes <input type="checkbox"/> no		
		<input type="checkbox"/> yes <input type="checkbox"/> no		
		<input type="checkbox"/> yes <input type="checkbox"/> no		
		<input type="checkbox"/> yes <input type="checkbox"/> no		
		<input type="checkbox"/> yes <input type="checkbox"/> no		
		<input type="checkbox"/> yes <input type="checkbox"/> no		

Clinical Data:

1. Do you or anyone in your family have problems with your/their immune system? yes no unk

If yes, describe

2. Are you currently taking antibiotics? yes no unk

If yes, describe

Please complete "Common Exclusion Data" information on back of page

Check box if not applicable

Quick Reference For Common Exclusion Data (not all inclusive, see ODH manual for more details)

Check all pertinent case exclusion, household or child care follow-up discussed with the case, contacts and/or child care director.

Disease	Direct patient care Child care provider/attende^e O	Food Handler O	Household O	Child Care Cohort O
<i>General Diarrheal Illness</i> IP = Varies	until diarrhea ceased	until diarrhea ceased	Not applicable	until diarrhea ceased
<i>Campylobacter</i> IP = 2-5 days	until diarrhea ceased	until diarrhea ceased and 48 hours of AB therapy OR 2 consecutive negative stool specimens	if employed in sensitive occupation or attends child care, culture all w/ diarrhea	culture all symptomatic cohorts
<i>E. coli 0157:H7</i> IP = 2-5 days	until diarrhea ceased and 2 consecutive negative stool specimens	until diarrhea ceased and 2 consecutive negative stool specimens	if employed in sensitive occupation or attends child care, culture all w/ diarrhea	See ODH manual
<i>Giardia</i> IP = 7-10 days	until diarrhea ceased and 72 hours of AB therapy OR 3 consecutive negative stool specimens	until diarrhea ceased and 72 hours of AB therapy OR 3 consecutive negative stool specimens	if employed in sensitive occupation or attends child care culture all w/ diarrhea should submit 3 specimens and be treated if positive	culture all symptomatic cohorts (3 specimens)
<i>Hepatitis A</i> IP = 1-3 days	until 10 days after onset of symptoms	until 10 days after onset of symptoms	IG prophylaxis for all household contacts and others who have had intimate contact with case, such as sexual partners, babysitters of children in diapers, playmates of toddlers, etc...	Situation dependent
<i>Meningitis (Neisseria)</i> IP = 1 – 10 days	Isolate until 24 hours after the initiation of effective therapy (OAC 3701-3-13)	Isolate until 24 hours after the initiation of effective therapy (OAC 3701-3-13)	Isolate until 24 hours after the initiation of effective therapy (OAC 3701-3-13)	Isolate until 24 hours after the initiation of effective therapy (OAC 3701-3-13)
<i>Meningitis (Viral)</i> IP = 2-21 days depending on etiologic agent	Children exhibiting symptoms in a child care or school setting should be immediately removed from contact with other children. Exclude from school or childcare center until afebrile	Not applicable	Not applicable	Not applicable
<i>Pertussis</i> IP = commonly 5 to 10 days, with an upper limit of 21 days.	Exclude from school or child care center until 5 days after the initiation of effective antimicrobial therapy OR until 3 weeks after the onset of paroxysms if treated with unappropriate antimicrobial therapy	Not applicable	Not applicable	Not applicable
<i>Salmonella</i> IP = 6-72 hours	until diarrhea ceased	until diarrhea ceased and 2 consecutive negative stool specimens	if employed in sensitive occupation or attends child care, culture all w/ diarrhea	culture all in cohort, symptomatic only
<i>Shigella</i> IP = 1-3 days	until diarrhea ceased and 2 consecutive negative stool specimens	until diarrhea ceased and 2 consecutive negative stool specimens	if employed in sensitive occupation or attends child care, culture all household members	culture all in cohort regardless of symptoms

Education provided, modes of transmission and prevention discussed with case? yes no

_____ Investigators Name/Date Completed