## PERSON REPORTING

**Health Authority:**

- [ ] FHA
- [ ] IHA
- [ ] VIHA
- [ ] NHA
- [ ] VCH

**Name:**

- Last
- First

**Phone Number:** ( ) - ext.

**Email:**

**Date completed:** YYYY/MM/DD

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## A. CLIENT INFORMATION

**Name:**

- Last
- First
- Middle

**Alternate Name(s):**

**PHN:**

**Date of Birth:** YYYY/MM/DD

**Sex:**

- [ ] Male
- [ ] Female

**Home Address:**

- Unit #
- Street #
- Street Name

**Postal code:**

- Province:

**Phone number (home/office/cell):** ( ) - ext.

**Email:**

- Physician Last
- First

**Physician Phone Number:**

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## B. CLINICAL INFORMATION

**Date of onset of symptoms:** YYYY/MM/DD

**Signs and Symptoms:**

- [ ] Diarrhea
- [ ] Vomiting
- [ ] Nausea
- [ ] Other:

- [ ] Bloody diarrhea
- [ ] Abdominal cramps
- [ ] Fever
- [ ] Other:

**Outcome:**

- Hospitalization greater than 24 hours

- [ ] Yes
- [ ] No
- [ ] U

**Hospital Name:**

**Date of Admission:** YYYY/MM/DD

**Date of Discharge:** YYYY/MM/DD

**Death:**

- [ ] Yes
- [ ] No
- [ ] U

**Antibiotic use:**

- [ ] Yes
- [ ] No
- [ ] U

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## C. LABORATORY INFORMATION

<table>
<thead>
<tr>
<th>Specimen type</th>
<th>Test type</th>
<th>Reporting lab</th>
<th>Reported date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>YYYY/MM/DD</td>
<td>Species:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>YYYY/MM/DD</td>
<td>Species:</td>
</tr>
</tbody>
</table>

- [ ] Confirmed case
- [ ] Probable case

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## D. RISK FACTORS & EXPOSURE INFORMATION

**EXPOSURE PERIOD**

<table>
<thead>
<tr>
<th>Days from onset</th>
<th>-28</th>
<th>-3</th>
<th>Onset</th>
</tr>
</thead>
</table>

**Calendar date:**

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**Note:** Exposure period for *Entamoeba histolytica* is commonly 2-4 weeks, but it can vary from days to years.
Amebiasis
Case Report Form

Immigration

Immigration to Canada within last year: □ Yes □ No □ U  
Date of entry: YYYY / MM / DD  
Country of origin:
Comments:

Travel

Infection acquired during travel: □ Yes □ No □ U  
If Yes, □ within BC □ within Canada □ outside Canada

<table>
<thead>
<tr>
<th>Dates: DEPARTURE</th>
<th>Dates: RETURN</th>
<th>Locations (E.g. city, country, resort)</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>YYYY / MM / DD</td>
<td>YYYY / MM / DD</td>
<td></td>
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</tr>
<tr>
<td>YYYY / MM / DD</td>
<td>YYYY / MM / DD</td>
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<td></td>
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</tbody>
</table>

Note: Risk of Entamoeba histolytica infection is higher in developing countries. The infection might rarely be acquired in recreational/rural areas with poor sanitation within BC/Canada

High risk activities

<table>
<thead>
<tr>
<th>Specific High Risk Activities</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact with other people with diarrhea</td>
<td>□ Yes □ No □ U</td>
</tr>
<tr>
<td>Contact with day care/institutions</td>
<td>□ Yes □ No □ U</td>
</tr>
<tr>
<td>Contact with residents/immigrants/travellers from developing countries</td>
<td>□ Yes □ No □ U</td>
</tr>
<tr>
<td>Contact with recreational water (e.g. swimming pools, lakes)</td>
<td>□ Yes □ No □ U</td>
</tr>
<tr>
<td>Drinking untreated water from well?</td>
<td>□ Yes □ No □ U</td>
</tr>
<tr>
<td>Drinking untreated water from pond, stream, spring or lake?</td>
<td>□ Yes □ No □ U</td>
</tr>
</tbody>
</table>

Sexual activity

Please ask these questions of male and female adult cases (>18 years):

1. Amebiasis can be transmitted sexually. Are you currently sexually active? □ Yes □ No (if No, skip to section E) □ Unanswered
2. Amebiasis can be transmitted through oral-anal sexual contact1. Is this a possibility in your case in the last 28 days? □ Yes □ No □ Unanswered

If yes to both questions, provide education regarding the prevention of sexually transmitted enteric diseases and advice for testing of sexual contacts.

1Oral anal sexual contact is defined as contact between the mouth, lips or tongue of one person and the anal or perianal area of another person. It can also include oral contact with sexual toys or other body parts (e.g. penis, finger) which had prior contact with the anal area, rectum or feces. Some people refer to oral-anal sex as rimming and to manual-oral sex as fingering or fisting.
E. CONTACTS

# people in household:

| Name | Date ill? | Nature of contact | Occupation/Details | Contact phone | Excluded? *
|------|-----------|-------------------|-------------------|--------------|------------
|      |           |                   |                   |              |            |
|      |           |                   |                   |              |            |

*Household, sexual, close contacts.

^ Please complete Contact Exclusion Form for each contact excluded.

F. INTERVENTIONS

<table>
<thead>
<tr>
<th>Type</th>
<th>Implemented</th>
<th>Details</th>
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<tbody>
<tr>
<td>Referred for Inspection</td>
<td>☐</td>
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<tr>
<td>Hygiene Education</td>
<td>☐</td>
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<td>Treatment Administered</td>
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<tr>
<td>Referred to another HA</td>
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<td>Health File Sent</td>
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<tr>
<td>Other</td>
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G. OCCUPATION AND EXCLUSION

Occupation:

Sensitive Setting (check if applicable):
- Work/volunteer or attend day care
- Work/volunteer in a health care setting
- Work/volunteer as a food handler
- Other (e.g. pool): _______________________

Facility name:
Excluded ☐ Y ☐ N Effective date (e.g. 15/Dec/07):
Details:

Symptom end date (e.g. 15/Dec/07):
Exclusion lifted: (e.g. 15/Dec/07):

MHO:

H. NOTES

<table>
<thead>
<tr>
<th>Date</th>
<th>Comment</th>
<th>Initials</th>
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Date Report Received at HU: (e.g. YYYY/MM/DD)

Contact attempts (date and time) Interview?

1. ☐
2. ☐
3. ☐
4. ☐

Interviewer: ☐ Not located