# BC Cryptococcus gattii infection Follow-Up Form

## Demographic and Contact Information

<table>
<thead>
<tr>
<th>Patient Surname:</th>
<th>First Name:</th>
<th>PHN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birthdate: (e.g. 15/Dec/07)</td>
<td>Sex:</td>
<td>Proxy:</td>
</tr>
<tr>
<td>Address: (street, city, postal code)</td>
<td>Home phone:</td>
<td>Work:</td>
</tr>
<tr>
<td>Did you move in the 13 months before your illness started?</td>
<td>Y ☐ N ☐ DK</td>
<td>Previous Address: (street, city, postal code)</td>
</tr>
</tbody>
</table>

### Case Notification/Assignment

- **Report Received at HU:** (e.g. 15/Dec/07)
- **Contact attempts (date and time):**
  - 1. ☐
  - 2. ☐
  - 3. ☐
  - 4. ☐

**Interviewer:** ☐ Not located

## Clinical Information

**Common symptoms of infection include:** headache, cough, chest pain, shortness of breath, fever, neck stiffness, night sweats and weight loss

- **Onset of Earliest Symptom (month/year):** ☐ Asymptomatic
- **Hospitalized:** ☐ Y ☐ N ☐ DK
- **Name of Hospital:**

## Exposure Period

**Instructions to interviewer:** Remind the client of the time period to consider. Count back 13 months from the date of symptom onset (e.g. if onset is June 2010 then exposure period is May 2009 to June 2010). If no symptoms occurred, use 13 months from the date of collection on the lab report.

- **13-month exposure period:** _______________ (month/yyyy) to _______________ (month/yyyy)

## Travel

**Question 1 and 2 should be asked only of non-residents of Vancouver Island** (Vancouver Island includes only Vancouver Island proper, not the Gulf Islands or other areas of VIHA):

1. **In the 13 months before you became ill/were diagnosed, did you travel to another city/town anywhere in BC for any reason (e.g. to shop, visit friends, on business or holiday)?**
   - Y ☐ N ☐

<table>
<thead>
<tr>
<th>City</th>
<th>Month/Year</th>
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</table>

   **If case did not mention Vancouver Island above:**
   - **When was the last time you visited Vancouver Island? Where did you visit?**
     - ☐ NA

<table>
<thead>
<tr>
<th>City</th>
<th>Month/Year</th>
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</table>

2. **In the 13 months before you became ill/were diagnosed did you travel to another country (including the US)?**
   - Y ☐ N ☐

<table>
<thead>
<tr>
<th>City/State/Country</th>
<th>Month/Year</th>
</tr>
</thead>
</table>

## Medical History and Underlying Conditions

- Have you been diagnosed with underlying medical conditions. (e.g. respiratory, cancer, immuno-compromising, others)?
  - ☐ Y ☐ N ☐ DK
  - Specify:

- Have you been diagnosed as HIV+?:
  - ☐ Y ☐ N ☐ DK

- Are you on immunosuppressive medication (e.g., oral steroids, cancer medication)?:
  - ☐ Y ☐ N ☐ DK
  - Specify:

November 2010
Decision tree for follow-up and iPHIS reporting of Cryptococcus cases

**Laboratory diagnosis of Cryptococcus**

- Confirmed by histopathology or microscopy
  - Organisms resembling Cryptococcus seen
  - Encapsulated yeast compatible with Cryptococcus
  - KOH positive

- Confirmed by serology
  - Cryptococcal antigen latex agglutination reactive ≥ 1:8 (i.e. 1:32 or 1:512)

- Confirmed by culture
  - Growth of Cryptococcus spp

Decision tree for follow-up and iPHIS reporting of Cryptococcus cases

In effect Nov 2010

**Notes**

- Initials
- Date
- Comment

**Follow-Up Form**

**Cryptococcus gattii**

Follow-Up Form

November 2010