Poliom	yelitis	Agency:	Status:	FE USE ONLY  Confirmed ☐ Probable Suspect ☐ Not a case
Investigator:		Phone number:	Reviewer i	
CASE				
CASE				
First and middle			ef Birth: / / Sender: Female Male	
	Suffix:	D	gnant: ☐ Yes ☐ No ☐ Unk Marital ☐ Single ☐ Ma	uale. / /
Address line:			status: Divorced Par	rent with partner
Zip:	City:		American Indian or Alas Race: Black or African Americ	an $\overline{\square}$ White
State:	County:		Hawaiian or Pacific Isla	nder
Phone:	( ) Type:	. E <sup>1</sup>	hnicity: Hispanic or Latino	Not Hispanic or Latino
	Yes No Unknown	Parent/G Parent/G	name:	
			phone: ( )	Type:
EVENT				
Diagnosis date:  Event outcome:	☐ Survived this illness ☐ Die			
Outbreak	☐ Died unrelated to this illness☐ Yes☐ No☐ Unknown	<u>:</u>	First name:  Provider title:  ARNP  DO	□ MD
related:		ĝ	□ 00	
Exposure			Facility name:	
			Address line 1:	
Location	In oon, in reporting state	heare	Address line 2:	
acquired:	☐ In USA, outside reporting sta	te T		
	Unknown		State:	County:
	State: Coun	ntry:	Phone : ( )	Type:
LABORATORY F	INDINGS			
Laboratory:		Accession #:	Collection	on date: //
	/ /			ult date: / /
Result type:	☐ Preliminary ☐ Final	Test type:		Result: Positive Negative
Organism:	Poliovirus	Туре:		
Laboratory:		Accession #:	Collection	on date: // /
Date received:		Specimen source:	Res	ult date: / /
Result type:	☐ Preliminary ☐ Final	Test type:		Result: Positive Negative
Organism:	Poliovirus	Туре:		
Laboratory:		Accession #:	Collection	on date: // /
Date received:	1 1	Specimen source:	Res	ult date: / /
Result type:	☐ Preliminary ☐ Final	Test type:		Result: Positive Negative

CONFIDENTIAL	Iowa Department of Public Health

Organism: Poliovirus Type:

Center for Acute Disease Epidemiology

Fax: 515-281-5698

Polio Revised Apr-17 CONFIDENTIAL PATIENT NAME: \_\_\_\_\_ Iowa Department of Public Health

OCCUPATIONS									
Interpret 'occupation' very	loosely an	d conside	r every perso	n to have	nt least one 'occupation	ı'.			
Occupation type:				Job title:					
Worked after symptom onset:									
Date worked from:									
Date worked to:  Removed from									
duties:	s ∐ No	∐ Unkno	own	City:		State:	County:		
Date removed:					( )	Type:	IN		
Handle food Attend or provide child care	: Tyes	☐ No	Unknown Unknown		Work in a health care Direct patient care d	luties in	No Unknown		
Attend schoo Work in a lab setting	_	☐ No ☐ No	☐ Unknown☐ Unknown		lab or health care Health care work		No Unknown		
Occupation type:				Job title:					
Worked after symptom onset:	s 🗌 No	Unkno	own Fac	ility name:					
Date worked from:	/ /								
Date worked to:									
Removed from duties:	_	_					County:		
Date removed:	_	_			( )	_			
Handle food			Unknown		Work in a health care	Type: setting: ☐ Yes ☐	No Unknown		
Attend or provide child care Attend schoo		☐ No	Unknown Unknown		Direct patient care d		] No 🔲 Unknown		
Work in a lab setting			Unknown		Health care work	•			
HOSPITALIZATIONS			HOSPITALIZATIONS						
Was the case hospitalized?	☐ Yes ☐	No 🗌 Un	nknown						
Was the case hospitalized?  Hospital:				ated at entr	/: ☐ Yes ☐ No ☐	Unk Isolation type	(entry):		
·			Isola		/:	,,	(entry):italized:		
Hospital:	/ /		Isola		e:	,,	·		
Hospital:	/ /		Isola Dis Current is	scharge date	9: / /	Days hosp	·		
Hospital:  Admission date:  Currently isolated: Ye	/ /	☐ Unk	Isola Dis Current is	scharge date	e:	Days hosp	·		
Hospital:  Admission date:  Currently isolated: Ye	/ / s	☐ Unk	Isola	scharge date solation type ated at entr	9: / /	Days hosp Unk Isolation type	(entry):		
Hospital:  Admission date:  Currently isolated: Ye  Hospital:	/ / s	□ Unk	Isola Current is Isola	scharge date solation type ated at entr	e:	Days hosp Unk Isolation type	(entry):		
Hospital:  Admission date:  Currently isolated: Ye  Hospital:  Admission date:	/ / s	□ Unk	Isola Current is Isola	scharge date solation type ated at entre scharge date	e:	Days hosp Unk Isolation type	(entry):		
Hospital:  Admission date:  Currently isolated:  Hospital:  Admission date:  Currently isolated:  Ye  CLINICAL INFO & DIAGNO	/ / s	Unk Unk	Lisola  Current is  Isola  Dis  Current is	scharge date solation type ated at entr scharge date solation type	e:	Days hosp  Unk Isolation type  Days hosp	(entry):		
Hospital:  Admission date:  Currently isolated:  Hospital:  Admission date:  Currently isolated:  Ye  CLINICAL INFO & DIAGNO	/ / s	] Unk	Lisola  Current is  Isola  Dis  Current is	scharge date solation type ated at entrescharge date solation type set date:	e:	Days hosp  Unk Isolation type  Days hosp	(entry):		
Hospital:  Admission date:  Currently isolated: Ye  Hospital:  Admission date:  Currently isolated: Ye  CLINICAL INFO & DIAGNO  Paralysis: Yes  Fever Yes Headache Yes	/ / s	Unk Unk Unk Unk	Lisola Current is Current is Current is Ons	acharge dates at entrescharge dates at eater at eater at eater aralysis attiff neck	e:	Days hosp  Unk Isolation type  Days hosp	(entry):		
Hospital:  Admission date:  Currently isolated: Ye  Hospital:  Admission date:  Currently isolated: Ye  CLINICAL INFO & DIAGNO  Paralysis: Yes  Fever Yes  Headache Yes  Muscle pain Yes	/ / s	Unk Unk Unk Unk Unk	Isola Current is  Current is  Current is  Current is  Trouble swa	acharge dates at entrescharge dates at eater date:  aralysis tiff neck allowing	e:	Days hosp  Unk Isolation type  Days hosp	(entry):		
Hospital:  Admission date:  Currently isolated: Ye  Hospital:  Admission date:  Currently isolated: Ye  CLINICAL INFO & DIAGNO  Paralysis: Yes  Fever Yes  Headache Yes  Muscle pain Yes  Nausea Yes	/ / s	Unk Unk Unk Unk Unk Unk Unk	Isola Current is  Current is  Current is  Current is  Trouble swa	scharge dates at entrescharge dates et date:  aralysis tiff neck allowing /omiting	e:	Days hosp  Unk Isolation type  Days hosp	(entry):italized:		
Hospital:  Admission date:  Currently isolated: Ye  Hospital:  Admission date:  Currently isolated: Ye  CLINICAL INFO & DIAGNO  Paralysis: Yes  Fever Yes  Headache Yes  Muscle pain Yes  Nausea Yes  Tensilon test	/ / s	Unk Unk Unk Unk Unk Unk Unk	Lisola Current is Curr	scharge dates at entrescharge dates et date:  aralysis tiff neck allowing /omiting	Yes   No   Unk   Yes   Ye	Unk Isolation type Days hosp Paralysis sites:	italized:  (entry): italized:		
Hospital:  Admission date:  Currently isolated: Ye  Hospital:  Admission date:  Currently isolated: Ye  CLINICAL INFO & DIAGNO  Paralysis: Yes  Fever Yes Headache Yes Muscle pain Yes Nausea Yes  Tensilon test performed: Yes  Date of test: Pacults: Positi	/ / s	Unk Unk Unk Unk Unk Unk Unk Unk	Isola Current is	ated at entrescharge dates solation type set date:  aralysis tiff neck allowing /omiting formed:  a of test:  apatible	Yes   No   Unk   Yes   Ye	Days hosp  Unk Isolation type Days hosp  Paralysis sites:  Nerve conduction test performed: Date of test:	italized:  (entry): italized:  Yes No Unk		
Hospital:  Admission date:  Currently isolated: Ye  Hospital:  Admission date:  Currently isolated: Ye  CLINICAL INFO & DIAGNO  Paralysis: Yes  Fever Yes Headache Yes Muscle pain Yes Nausea Yes  Tensilon test performed: Yes  Date of test: / Results: Positi	/ / s	Unk Unk Unk Unk Unk Unk Unk	Isola Current is	scharge dates solation type atted at entrescharge dates solation type attended at the solation type attended at	Yes   No   Unk   Yes   Yes   No   Unk   Yes   Yes   No   Unk   Yes   Yes	Days hosp  Unk Isolation type Days hosp  Paralysis sites:  Nerve conduction test performed: Date of test: Result:	italized:  (entry): italized:  Yes No Unk		
Hospital:  Admission date:  Currently isolated: Ye  Hospital:  Admission date:  Currently isolated: Ye  CLINICAL INFO & DIAGNO  Paralysis: Yes  Fever Yes Headache Yes Muscle pain Yes Nausea Yes  Tensilon test performed: Yes  Date of test: / Results: Positi Nega	/ / s	Unk Unk Unk Unk Unk Unk Unk Unk Unk	Lisola  Current is	ated at entrescharge dates est date:  daralysis dates est dates es	Yes   No   Unk   Yes   Yes   No   Unk   Yes   Yes   No   Unk   Yes   Yes	Days hosp  Unk Isolation type Days hosp  Paralysis sites:  Nerve conduction test performed: Date of test:	italized:  (entry): italized:  Yes No Unk  / /  Yes No Unk		

INFECTION TIMELINE

CONFIDENTIAL PATIENT NAME: \_\_\_\_\_ Iowa Department of Public Health

Enter onset date in dark-line box. Enter dates for start of exposure period and start and end of communicable period.

EXPOSURE PERIOD	Onset	COMMUNICABLE PERIOD	
Average incubation period for <b>polio</b> is 7-14 days for paralytic cases; possibly 3 to 35 days.		Polio is communicable from several days after infection to 6 weeks after infection with or without symptoms.	

periou.	*				
RISK FACTORS/TRAVEL					
Vaccinated for Polio? ☐ Y	′es □ No □ Unknow	'n			
Date					
vaccinated: /	/	Date vaccinated:	/ /	Date vaccinated:	/ /
Lot #:		Lot #:		Lot #:	
Vaccine type:		Vaccine type:		Vaccine type:	
Manufacturer:		Manufacturer:		Manufacturer:	
Number of vaccinations:					
In the 35 days prior to the Traveled within Iowa?  Yes No Unk Traveled within U.S.?	City in	d the case:	Departure date: Departure	Return	
☐ Yes ☐ No ☐ Unk	State:	City:	date:	/ / date:	1 1
Traveled outside U.S.?  ☐ Yes ☐ No ☐ Unk	Country		Departure	Return	
Exposed to potential cases:	Country: Country		date:	/ / / date: To	
☐ Yes ☐ No ☐ Unk			From date:	/ / date:	/
Work with a case	: Yes No 🗆	Unk From da	ate: / /	To date:	/ /
Lived with another case					/ /
Contact w/t OBV recipient		Unk Lived w/t recipie	not:	o □ Unk Ago of reginient:	
Contact w/t OPV recipient Recipient relationship	.   Child care conta	•	ent: Yes No		
CONTACTS					
Number of people living in	case's household:				
Close contacts with simila					
Name	DOB	Gender		Address/Phone	
	1 1	□ Mala			
	, ,	☐ Male ☐ Female			
		Zip co	ode:	Phone: -	-
Relation	ship to case		List symptoms	Sympto onset d	
☐ Child ☐ F ☐ Sibling ☐ F ☐ Roommate ☐ C	Sexual contact Family member (non-ho Friend/acquaintance Contact- work/school/eto Unknown/Other				/ Yes   No
Name	If this conta	act is a case create a new Gender	event and/or case f	for this contact.  Address/Phone	
Name	ров	Gender		Address/Priorie	
	/ /				
		☐ Female Zip co	ode:	Phone: -	-
Relation	ship to case	2.5 0	List symptoms	Sympto	
☐ Child ☐ F ☐ Sibling ☐ F ☐ Roommate ☐ C	Sexual contact Family member (non-hor Friend/acquaintance Contact- work/school/etc Unknown/Other  If this contact		event and/or case f	for this contact.	/ Yes No No
NOTES:	30/10	and a non			

CONFIDENTIAL	PATIENT NAME:		Iowa Department of Public Healt
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Center for Acute Disease Epidemiology

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