

**Notification Timeline:**

**From Lab/Practitioner to Public Health:** Within 48 hours.

**From Public Health to Ministry of Health:** Within 2 weeks.

**Public Health Follow-up Timeline:** Initiate within 24-48 hours.

**Public Health Purpose for Notification of Campylobacteriosis** (adapted from Massachusetts Department of Public Health, 2016)

- To identify whether the case may be a source of infection for other persons (e.g., a diapered child, daycare attendee, or food handler), and if so, to prevent further transmission.
- To identify transmission sources of public health concern (e.g., a restaurant or a commercially distributed food product), and to stop transmission from such sources;
- To monitor the effectiveness of prevention and control measures;
- To make timely and evidence informed actions on outbreaks;
- To track trends of the epidemiology of campylobacteriosis in Saskatchewan including risk factors and
- To inform the public and medical community about campylobacteriosis.

**Surveillance Case Definition<sup>1</sup>** (Saskatchewan-specific case definition, adapted from Public Health Agency of Canada, 2008)

<b>Confirmed Case</b>	Laboratory confirmation of infection with or without symptoms: <ul style="list-style-type: none"> <li>• isolation of <i>Campylobacter sp.</i> from an appropriate clinical specimen <sup>a</sup></li> <li>OR</li> <li>• Detection of <i>Campylobacter spp.</i> by nucleic acid amplification testing (NAAT) from an appropriate clinical specimen</li> </ul>
<b>Probable Case</b>	Clinical illness <sup>b</sup> in a person who is epidemiologically linked to a confirmed case.
<sup>a</sup> See Specimen Collection and Transport <sup>b</sup> Clinical illness is characterized by diarrhea, abdominal pain, malaise, fever, nausea and/or vomiting.	

<sup>1</sup> Surveillance case definitions ensure uniform reporting to allow comparability of surveillance data. The definition is not intended to be used for clinical or laboratory diagnosis or management of cases.

## Epidemiology and Occurrence

Under Development

### Additional Background Information

#### Causative Agent

- *Campylobacter jejuni* and *C. coli* are the most common. Other *Campylobacter* species include *C. fetus*, *C. lari*, *C. upsaliensis* and *C. hyointestinalis*. Subtyping can be useful in epidemiological investigations.
- *Campylobacter* species are motile, comma-shaped, gram-negative bacilli (American Academy of Pediatrics, 2015).
- Infection with *Campylobacter* confers lasting immunity to that strain (Heymann, 2015).

#### Symptoms

- Many infections are asymptomatic and most are self-limited.
- Severity of symptoms vary.
- Symptoms include diarrhea, abdominal pain, fever, nausea, vomiting, malaise, and frequently, bloody stool.
- Mild infections may last 1-2 days, resembling viral gastroenteritis.
- May mimic acute appendicitis or inflammatory bowel disease (Heymann, 2015).
- Bacteremia, although uncommon, may occur in children and neonates. Less common is typhoid-like syndrome, febrile convulsions or a meningitis (American Academy of Pediatrics, 2015).
- Prolonged illness and/or relapses may occur in adults.
- Post-infectious complications, though rare, include reactive arthritis (approximately 1% of cases), urticaria, erythema nodosum, febrile convulsions or Guillain-Barré syndrome (approximately 0.1% of cases) (Heymann, 2015).

#### Reservoir/Source (American Academy of Pediatrics, 2015)

- Feces of an infected animal or human. The gastrointestinal tract of animals and birds (especially cattle, chickens, turkey, and water fowl) can be a reservoir. Puppies, kittens, rodents and other domestic animals can also be a reservoir.
- Raw poultry or meat, often contaminated through the slaughter process, and unpasteurized milk are frequently identified as sources of infection.
- Optimal growth temperature is at 42°C.

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- *Campylobacter* is susceptible to many disinfectants and heat. The bacteria survive in moist environments (including droplets) especially at lower temperatures, but do not tolerate drying or freezing. These characteristics limit transmission. *Campylobacter* may survive in water for 2 to 5 days, in milk for 3 days, and in feces for up to 9 days.

**Incubation Period**

Usually 2-5 days, ranges from 1-10 days, depending on dose ingested (Heymann, 2015). A standardized case investigation including timeline of inquiry is outlined in the User Defined Form.

**Period of Communicability**

Usually ends 2-3 days after administration of antibiotics (American Academy of Pediatrics, 2015). Individuals not treated with antibiotics may excrete organisms for 2-7 weeks, however person to person transmission is uncommon (Heymann, 2015). A long-term carrier state of more than 7 weeks is not known to occur.

**Mode of Transmission** (Heymann, 2015)

- Ingestion of organisms in improperly cooked food, unpasteurized milk, or other contaminated food or drinking water.
- Direct contact with fecal material from infected animals or persons, especially young children, and young pets (puppies and kittens).
- Most raw chicken is contaminated with *C. jejuni*. Cross-contamination may occur from improperly cleaned counters or equipment (for example, knives and cutting boards) that have been exposed to contaminated meat or poultry products.
- Person-to-person transmission with *C. jejuni* appears uncommon.
- The infective dose is often low, typically fewer than 500 organisms.

**Specimen Collection and Transport**

Stool specimens should be taken early in the course of the illness, when the causative agent is likely to be found in largest numbers. Freshly passed stool is better than rectal swabs, since there is less chance for improper collection, and mucus and blood stained portions can be selected for culture. Use the Cary-Blair transport media. Submit three or four spoonfuls (using the built-in spoon) of liquid stool and mix thoroughly with the semi-solid Cary-Blair transport media. The final mixture should not fill the Cary-Blair container to more than three-quarters full.

Refer to the Roy Romanow Provincial Laboratory Compendium of Tests for details at <https://rrpl-testviewer.ehealthsask.ca/>.

## Public Health Investigation

### I. Case

Refer to [Attachment – Campylobacteriosis Data Collection Worksheet](#) to assist.

#### **History**

- Onset of illness - to determine incubation period and period of communicability, which helps to identify the possible source and contacts to be followed.
- In the ten days prior to onset of illness inquire about:
  - Exposure to animals including pets with recent illness, farm animals, young animals or recently acquired puppies or kittens (refer to reservoir);
  - Ingestion of potentially contaminated foods such as undercooked poultry, ground beef products or water, or unpasteurized milk. (complete the [User Defined Form](#));
  - contact with individuals with similar symptoms or confirmed cases;
  - history of travel outside of Saskatchewan, especially to areas with inadequate sanitation, water and sewage treatment;
  - assess for safe food handling procedures (e.g. possible cross-contamination such as shared food surfaces and equipment);
  - assess for history of similar symptoms in visitors or other members of the household.
  - determine history of daycare or hospital exposure;
  - identify potentially contaminated drinking and recreational water sources;
  - occupational exposure (e.g., animal or meat handling).
- Assess for health conditions that may render the individual more susceptible to invasive disease (e.g. immunocompromising conditions).
- Identify others who may have been exposed to the same source.
- Occupational considerations exist for food handlers, health care and child care workers.
- Assess for transmission risk through oral-anal sex.

#### **Public Health Interventions**

##### **Assessment**

- Assess for [contacts](#) paying particular attention individuals that have had exposure to the same source or are a risk for further transmission. This is of importance in detecting outbreaks.

### **Communication**

- Letters can be used to inform contacts of the exposure, symptom monitoring and when to seek medical attention (see Sample letter).
- Letters can also be used when exclusion from school or work settings are required as a public health intervention.

### **Education**

- All cases should be provided information on prevention and control measures including safe food handling and handwashing (refer to Education)

### **Environmental Health**

- In the case of an ill food handler, a restaurant inspection may be warranted to review safe food handling requirements.

### **Exclusion**

Exclusion is warranted for cases as follows:

- Food handler, health care worker, childcare, or other staff involved with personal care and children below the age of five years in childcare: exclude until diarrhea has resolved (American Academy of Pediatrics, 2015).
- Individuals unable to maintain adequate standards of personal hygiene (i.e., mentally or physically handicapped): exclude until diarrhea has resolved. If the individual is living in an institution, follow contact precautions for same time period.
- Diarrhea is considered resolved when stools have been normal for that individual for 48 hours.
- Exclusion of asymptomatic infected persons is indicated for those with questionable handwashing habits (Heymann, 2015).

### **Public Health Order**

- If a food handler, the case should be excluded from work and order used if necessary.

### **Referral**

- To primary care provider for treatment recommendations if experiencing more than 6 diarrheal episodes per day; bloody diarrhea; persistent diarrhea with or without fever (Blondel-Hill and Fryters, 2006).
- When a food that is commercially available is implicated, a referral to Canadian Food Inspection Agency may be warranted. Likewise, when a public water source is implicated, a referral to the Saskatchewan Water Security Agency may be warranted.

**Treatment/Supportive Therapy**

*Treatment for clinical management is at the discretion of the primary care provider. The following serves as a reference for the public health investigator:*

- *Supportive therapy includes oral rehydration solution to replace fluids and electrolytes.*
- *In most cases, infection is self-limited and treatment with antibiotics is not indicated (Heymann, 2015).*
- *Antibiotic resistance is increasing. Antibiotic treatment, if indicated (e.g., those with severe or prolonged illness), should be based on antimicrobial susceptibility testing. The public health practitioner should direct any questions regarding the current treatment protocols to the primary care provider.*
- *C. jejuni or C. coli are susceptible to many antimicrobial agents. Taking antibiotics will shorten the period of excretion and communicability.*
- *Antibiotics shorten the duration of illness and prevent relapse when given early during gastrointestinal tract infection.*

**II. Contacts/Contact Investigation**

**Contact Definition**

Contacts include:

- persons living in the household;
- children and childcare workers in a day care/day home;
- individuals exposed to the same source (if it is identified).

**Public Health Interventions**

**Assessment**

- Assess for symptoms.

**Communication**

- Individual follow-up of contacts in larger daycares, classrooms, schools, teams, workplaces, etc., is generally not recommended. These individuals should be informed by letter from public health, advising them to see their physician if they develop symptoms.

**Education**

- All contacts should be provided information on prevention and control measures including safe food handling and handwashing.

#### **Environmental Health**

- If a common exposure is identified through the case and contact investigations, environmental health assessments may be required.

#### **Exclusion**

- Symptomatic contacts should follow the same exclusion criteria as cases.
- Asymptomatic contacts are not excluded from work or day care.

#### **Referral**

- Symptomatic contacts should be referred to their primary care provider for assessment.

### **III. Environment**

#### **Child Care Centre Control Measures**

- Refer to the Saskatchewan Ministry of Health Infection Control Manual for Child Care Facilities.<sup>2</sup> A Public Health Inspector should inspect the facility to ensure adequate infection control measures are implemented.
- For one case:
  - no action is recommended for other children or employees in a day care setting.
- For two cases or more:
  - if there are epidemiologically linked cases in attendees or employees, diapered attendees and food handlers should be screened for *Campylobacter*.
- Educate parents and staff about campylobacteriosis and proper handwashing.
- Instruct parents and staff to watch for symptoms of diarrhea.

#### **Institutional Control Measures**

For infection control measures refer to your Health Authority Infection Control Manual.

- Contact precautions for hospitalized patients and residents of an institution.
  - For residents of an institution with a case of campylobacteriosis, institute contact precautions for that case. No action is recommended for other residents.
  - If there are epidemiologically linked cases of campylobacteriosis in the institution's residents or employees, employees and food handlers should be screened for *Campylobacter*. Investigate as an outbreak.

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<sup>2</sup> <http://publications.gov.sk.ca/documents/11/96181-infection-control-manual-child-care-centres.pdf>

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#### IV. Epidemic Measures

Investigate outbreaks to identify implicated food, water or raw milk to which others may have been exposed. Groups of cases should be investigated for vehicle and mode of transmission.

#### Prevention Measures

Refer to the [Enteric Introduction and General Considerations](#) section of the manual that highlights topics for client education that should be considered as well as provides information on high-risk groups and activities.

#### Education

- Provide prevention and education to case or caregiver, day care or institution about personal hygiene.
- Highlight the importance of avoiding cross-contamination of cooked food with uncooked food, especially poultry. Emphasize that poultry carcasses are often contaminated with *Campylobacter*.
- Thoroughly cook all food derived from animal sources, particularly poultry and eggs.
- Avoid using common cutting boards for raw and cooked products *unless* sanitizing between uses.
- Educate food handlers about proper food and equipment handling and hygiene.
- Pasteurize or boil milk.
- Ensure water supplies are potable.
- Wash hands thoroughly after touching feces or animals, especially chickens.
- Consider pets with diarrhea as a possible source of *Campylobacter*.
- Educate about the risk of sexual practices that permit fecal-oral contact.

#### Immunization

Not applicable.



## Revisions

Date	Change
September 2018	<ul style="list-style-type: none"><li>• Clarified the purpose for notification of cases to public health</li><li>• Updated case definition to include PCR and NAAT tests.</li><li>• Incorporated standardized Campylobacteriosis Data Collection Worksheet and User Defined Form.</li><li>• Clarified the exclusion and removed reference to completion of antibiotics.</li><li>• Rearranged and updated the style into the new format of the Manual to align with Panorama.</li><li>• References reaffirmed or updated as necessary.</li></ul>

## References

American Academy of Pediatrics. (2015). *Red book: 2015 report of the Committee on Infectious Diseases* (29<sup>th</sup> ed.). Elk Grove Village, IL: Author.

Blondel-Hill, E. & Fryters, S. (2006). *Bugs and drugs*. Edmonton, AB: Capitol Health.

Heymann, D. L. (Ed.). (2015). *Control of communicable diseases manual* (20<sup>th</sup> ed.). Washington, DC: American Public Health Association.

Massachusetts Department of Public Health (2016). Bureau of Infectious Disease and Laboratory Sciences Retrieved June, 2018 from <https://www.mass.gov/files/documents/2016/08/qf/campylobacter-enteritis.rtf>

Public Health Agency of Canada. (2008). Case definitions for communicable diseases under national surveillance. *Canada Communicable Disease Report (CCDR), 35S2*, November 2009. Retrieved June, 2018 from <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/09vol35/35s2/Campylo-eng.php>.

United States Food and Drug Administration, Center for Food Safety and Applied Nutrition. (2004). *Bad bug book: Foodborne pathogenic microorganisms and natural toxins handbook*. McLean, VA: International Medical Publishing, Inc.

### Campylobacteriosis Data Collection Worksheet

Panorama QA complete:  Yes  No

Please complete all sections

Panorama Client ID: \_\_\_\_\_

Panorama Investigation ID: \_\_\_\_\_

Initials: \_\_\_\_\_

**A) CLIENT INFORMATION**

LHN -> SUBJECT -> CLIENT DETAILS -> PERSONAL INFORMATION

Last Name:	First Name: and Middle Name:	Alternate Name (Goes by):
DOB: YYYY / MM / DD      Age: _____	Health Card Province: _____ Health Card Number (PHN): _____	Preferred Communication Method: (specify - i.e. home phone, text): Email Address: <input type="checkbox"/> Work <input type="checkbox"/> Personal
Phone #: <input type="checkbox"/> Primary Home: <input type="checkbox"/> Mobile contact: <input type="checkbox"/> Workplace:		
Place of Employment/School:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Alternate Contact: _____ Relationship: _____ Alt. Contact phone: _____	Address Type: <input type="checkbox"/> No fixed <input type="checkbox"/> Postal Address <input type="checkbox"/> Primary Home <input type="checkbox"/> Temporary <input type="checkbox"/> Legal Land Description Mailing (Postal address):  Street Address or FN Community (Primary Home):  Address at time of infection if not same:	

**B) INVESTIGATION INFORMATION**

LHN-> SUBJECT SUMMARY-> ENTERIC ENCOUNTER GROUP->CREATE INVESTIGATION

Disease Summary Classification:	Date	Classification:	Date	LAB TEST INFORMATION:
<b>CASE</b>		<b>CONTACT</b>		<i>Date specimen collected:</i>
<input type="checkbox"/> Confirmed	YYYY / MM / DD	<input type="checkbox"/> Contact	YYYY / MM / DD	YYYY / MM / DD
<input type="checkbox"/> Does Not Meet Case	YYYY / MM / DD	<input type="checkbox"/> Not a Contact	YYYY / MM / DD	<i>Specimen type:</i>
<input type="checkbox"/> Person Under Investigation	YYYY / MM / DD	<input type="checkbox"/> Person Under Investigation	YYYY / MM / DD	<input type="checkbox"/> Blood
<input type="checkbox"/> Probable	YYYY / MM / DD			<input type="checkbox"/> Urine
				<input type="checkbox"/> Stool
<b>Disposition:</b>				
<i>FOLLOW UP:</i>				
<input type="checkbox"/> In progress	YYYY / MM / DD	<input type="checkbox"/> Complete	YYYY / MM / DD	
<input type="checkbox"/> Incomplete – Declined	YYYY / MM / DD	<input type="checkbox"/> Not required	YYYY / MM / DD	
<input type="checkbox"/> Incomplete – Lost contact	YYYY / MM / DD	<input type="checkbox"/> Referred – Out of province	YYYY / MM / DD	
<input type="checkbox"/> Incomplete – Unable to locate	YYYY / MM / DD	(specify where)		
<b>REPORTING NOTIFICATION</b>		Location:		
Name of Attending Physician or Nurse:				
Physician/Nurse Phone number:		Date Received (Public Health): YYYY / MM / DD		
Type of Reporting Source: <input type="checkbox"/> Health Care Facility <input type="checkbox"/> Lab Report <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician <input type="checkbox"/> Other _____				

## Campylobacteriosis Data Collection Worksheet

Please complete all sections

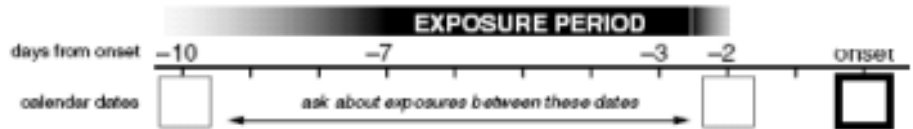
Panorama Client ID: \_\_\_\_\_  
Panorama Investigation ID: \_\_\_\_\_

### C) SIGNS & SYMPTOMS

INVESTIGATION->SIGNS & SYMPTOMS

Description	Yes Date of onset	Date of recovery	Description	Yes Date of onset	Date of recovery
Asymptomatic	YYYY / MM / DD	YYYY / MM / DD	Nausea	YYYY / MM / DD	YYYY / MM / DD
Diarrhea - bloody	YYYY / MM / DD	YYYY / MM / DD	Pain – abdominal	YYYY / MM / DD	YYYY / MM / DD
Diarrhea - mucousy	YYYY / MM / DD	YYYY / MM / DD	Sepsis (e.g. bactremia, septicemia, etc.)	YYYY / MM / DD	YYYY / MM / DD
Diarrhea - watery	YYYY / MM / DD	YYYY / MM / DD	Stool - bloody	YYYY / MM / DD	YYYY / MM / DD
Headache	YYYY / MM / DD	YYYY / MM / DD	Vomiting	YYYY / MM / DD	YYYY / MM / DD
Malaise	YYYY / MM / DD	YYYY / MM / DD		YYYY / MM / DD	YYYY / MM / DD
Other Signs & Symptoms if applicable					

Enter onset date in heavy box.  
Count back to figure the  
probable exposure period.



### D) INCUBATION AND COMMUNICABILITY

LHN-> INVESTIGATION->INCUBATION & COMMUNICABILITY

<b>Incubation for Case (period for acquisition):</b>	
<b>Earliest Possible Exposure Date:</b> YYYY / MM / DD	<b>Latest Possible Exposure Date:</b> YYYY / MM / DD
<i>Exposure Calculation details:</i>	
<b>Communicability for Case (period for transmission):</b>	
<b>Earliest Possible Communicability Date:</b> YYYY / MM / DD	<b>Latest Possible Communicability Date:</b> YYYY / MM / DD
<i>Communicability Calculation Details:</i>	

### E) RISK FACTORS

N – NO, NA – Not Asked, U – Unknown

LHN-> SUBJECT->RISK FACTORS

DESCRIPTION	Yes	N, NA, U	Add'l Info
<b>Animal Exposure</b> – Farms (Add'l Info)			
<b>Animal Exposure</b> – Other (Add'l Info)			
<b>Animal Exposure</b> – Pet treats and raw food (Add'l Info)			
<b>Animal Exposure</b> – Pets (including reptiles) (Add'l Info)			
<b>Animal Exposure</b> – Rodents/rodent excreta			
<b>Animal Exposure</b> – Wild animals (other than rodents) (Add'l Info)			
<b>Behaviour</b> – Camping/hiking	YYYY / MM/DD		
<b>Contact</b> – Persons with diarrhea/vomiting	YYYY / MM/DD		
<b>Contact to a known case</b> (Add'l Info)	YYYY / MM/DD		
<b>Immunocompromised</b> – Related to underlying disease or treatment			
<b>Occupation</b> – Child Care Worker	TE		
<b>Occupation</b> – Farmer			
<b>Occupation</b> – Food Handler	TE		
<b>Occupation</b> – Health Care Worker – IOM Risk Factor	TE		

## Campylobacteriosis Data Collection Worksheet

Please complete all sections

Panorama Client ID: \_\_\_\_\_  
Panorama Investigation ID: \_\_\_\_\_

DESCRIPTION	Yes	N, NA, U	Add'l Info
<b>Occupation</b> – Veterinarian or related worker			
<b>Travel</b> – Outside of Canada (Add'l Info)	YYYY / MM/DD AE		
<b>Travel</b> – Outside of Saskatchewan, but within Canada (Add'l Info)	YYYY / MM/DD AE		
<b>Water</b> – Bottled water (Add'l Info)			
<b>Water</b> – Private well or system (Add'l Info)			
<b>Water</b> – Public water system (Add'l Info)			
<b>Water</b> – Untreated water (Add'l Info)	AE		
<b>Water</b> (Recreational) – Pond, stream, lake, river, ocean (Add'l Info)	AE		
<b>Water</b> (Recreational) – Private (swimming pool/whirl pool)	TE		
<b>Water</b> (Recreational) – Public (swimming/paddling pool/whirl pool)			
<b>Other risk factor</b> (Add'l Info)			

**F) USER DEFINED FORM (SEE ATTACHED)**      LHN-> INVESTIGATION-> INVESTIGATION DETAILS -> LINKS AND ATTACHMENTS -> CAMPYLOBACTERIOSIS FORM

**G) TREATMENT**      LHN-> INVESTIGATION-> MEDICATIONS->MEDICATIONS SUMMARY

Medication ( <i>to intercept transmission</i> )Panorama = Other Meds) : _____  Prescribed by: _____      Started on:    YYYY / MM / DD
--

**H) INTERVENTIONS**      LHN-> INVESTIGATION->TREATMENT & INTERVENTIONS->INTERVENTION SUMMARY

Intervention Type and Sub Type:				
<b>Assessment:</b>				
<input type="checkbox"/> Assessed for contacts	YYYY/ MM / DD	<input type="checkbox"/> Daycare	YYYY/ MM / DD	<input type="checkbox"/> Preschool
Investigator name		<input type="checkbox"/> School	YYYY/ MM / DD	<input type="checkbox"/> Work
<input type="checkbox"/> Disease-Info/Prev-Control	YYYY/ MM / DD	<b>Public Health Order:</b>		
<input type="checkbox"/> Disease-Info/Prev-Cont/Assess'd for Contacts	YYYY/ MM / DD	<input type="checkbox"/> Other (specify)      YYYY/ MM / DD		
<b>Communication:</b>		<b>Referral:</b> Investigator name		
<input type="checkbox"/> Other communication (See Investigator Notes)	YYYY/ MM / DD	<input type="checkbox"/> Canadian Food Inspection Agency      YYYY/ MM / DD		
Investigator name		<input type="checkbox"/> Primary Care Provider      YYYY/ MM / DD		
<input type="checkbox"/> Letter See Document Management	YYYY/ MM / DD	<input type="checkbox"/> Saskatchewan Water Security Agency      YYYY/ MM / DD		
Investigator name		<b>Other Investigation Findings:</b>		
<b>Education/counselling:</b> Investigator name		<input type="checkbox"/> Investigator Notes		
<input type="checkbox"/> Prevention/Control measures	YYYY/ MM / DD	<input type="checkbox"/> Document Management		
<input type="checkbox"/> Disease information provided	YYYY/ MM / DD			
<b>Environmental health:</b> YYYY/ MM / DD				
<input type="checkbox"/> Restaurant Inspection		<input type="checkbox"/> Facility Inspection		
Investigator name				
Date	Intervention subtype	Comments	Next follow-up Date	Initials
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	

# Campylobacteriosis Data Collection Worksheet

Please complete all sections

Panorama Client ID: \_\_\_\_\_  
Panorama Investigation ID: \_\_\_\_\_

**I) OUTCOMES**

LHN-> INVESTIGATION-> OUTCOMES

<input type="checkbox"/> Not yet recovered/recovering	YYYY / MM / DD	<input type="checkbox"/> ICU/intensive medical care	YYYY / MM / DD	<input type="checkbox"/> Hospitalization	YYYY / MM / DD
<input type="checkbox"/> Recovered	YYYY / MM / DD	<input type="checkbox"/> Intubation /ventilation	YYYY / MM / DD	<input type="checkbox"/> Unknown	YYYY / MM / DD
<input type="checkbox"/> Fatal	YYYY / MM / DD	<input type="checkbox"/> Other _____	YYYY / MM / DD		

Cause of Death: (if Fatal was selected) \_\_\_\_\_

**J) EXPOSURES**

**Acquisition Event**

LHN-> INVESTIGATION-> EXPOSURE SUMMARY-> ACQUISITION QUICK ENTRY

Acquisition Event ID: \_\_\_\_\_

Exposure Name: _____		
Acquisition Start YYYY / MM / DD to Acquisition End: YYYY / MM / DD		
Location Name: _____		
<b>Setting Type</b>		
<input type="checkbox"/> Travel	<input type="checkbox"/> Exposure or consumption of potentially contaminated food or water	<input type="checkbox"/> Most likely source

**Transmission Events**

LHN -> INVESTIGATION-> EXPOSURE SUMMARY -> TRANSMISSION EVENT SUMMARY -> QUICK ENTRY

Transmission Event ID	Exposure Name	Setting type	Date/Time	# of contacts
		<input type="checkbox"/> Food service establishment <input type="checkbox"/> Health Care setting <input type="checkbox"/> Public facilities <input type="checkbox"/> Household Exposure		
		<input type="checkbox"/> Food service establishment <input type="checkbox"/> Health Care setting <input type="checkbox"/> Public facilities <input type="checkbox"/> Household Exposure		
		<input type="checkbox"/> Food service establishment <input type="checkbox"/> Health Care setting <input type="checkbox"/> Public facilities <input type="checkbox"/> Household Exposure		
		<input type="checkbox"/> Food service establishment <input type="checkbox"/> Health Care setting <input type="checkbox"/> Public facilities <input type="checkbox"/> Household Exposure		
	Campy Contacts – Inv ID# _____	<input type="checkbox"/> Multiple Settings	YYYY / MM / DD to YYYY / MM / DD	

**K) TOTAL NUMBER OF CONTACTS**

LHN -> INVESTIGATION-> EXPOSURE SUMMARY -> TRANSMISSION EVENT SUMMARY -> TE HYPERLINK -> UNKNOWN/ANONYMOUS CONTACTS

Anonymous contacts: \_\_\_\_\_ (total number of individuals exposed)

<b>Initial Report completed by:</b>		<b>Date initial report completed:</b> YYYY / MM / DD
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## Campylobacteriosis Food Exposure Questionnaire



Loading...

Record type: Investigation  
 Record ID: 146  
 Record Name: UDF Investigation

In this form the answers (Yes, Probably, No, and Don't know) are from the perspective of the person being interviewed. "Probably" can be used if the client thinks he/she may have eaten this food or usually eats this food, but is unsure if it was eaten during the period in question.

## Diet and Allergies

[Show/Hide](#)

Are you a vegetarian?

Yes  
 No  
 Don't know  
 Not asked

Do you have any food Allergies / avoidances / special diet?

Yes  
 No  
 Don't know  
 Not asked

If yes, specify details

## Food Exposures

[Show/Hide](#)

In the 10 days prior to onset did you eat...

Any chicken meat?

Yes  
 Probably  
 No  
 Don't know  
 None of the Above

If yes, was the chicken undercooked?

Yes  
 Probably  
 No  
 Don't know  
 None of the Above

If yes, specify details (E.g., where consumed, type, brand, location)

Any eggs or food contain eggs (from any bird species)?

Yes  
 Probably  
 No  
 Don't know  
 None of the Above

If yes, specify details (E.g., where consumed, type, brand, location)



Any pork?

- Yes  
 Probably  
 No  
 Don't know  
 None of the Above

If yes, specify details (E.g., where consumed, type, brand, location)

Any beef?

- Yes  
 Probably  
 No  
 Don't know  
 None of the Above

If yes, specify details (E.g., where consumed, type, brand, location)

Any fish?

- Yes  
 Probably  
 No  
 Don't know  
 None of the Above

If yes, specify details (E.g., where consumed, type, brand, location)

Any raw vegetables?

- Yes  
 Probably  
 No  
 Don't know  
 None of the Above

If yes, specify details (E.g., where consumed, type, brand, location)

Any raw fruits?

- Yes  
 Probably  
 No  
 Don't know  
 None of the Above

If yes, specify details (E.g., where consumed, type, brand, location)

Any Unpasteurized dairy (e.g. milk, cheese)?

- Yes  
 Probably  
 No  
 Don't know





None of the Above

If yes, specify details (E.g., where consumed, type, brand, location)

### Social Functions

[Show/Hide](#)

In the 10 days prior to onset did you attend any social functions (e.g. parties, weddings, showers, potlucks, community events)?

- Yes  
 No  
 Don't know  
 Not asked

Click the Add button to add social event/function details

Add

### Restaurants

[Show/Hide](#)

In the 10 days prior to onset did you attend any restaurants (including take-out, cafeteria, bakery, deli, kiosk)?

- Yes  
 No  
 Don't know  
 Not asked

Click the Add button to add restaurant details

Add

### Grocery Stores

[Show/Hide](#)

In the 10 days prior to onset did you attend any grocery stores for food consumed during the incubation period?

- Yes  
 No  
 Don't know  
 Not asked

Click the Add button to add grocery store details

Add

### Loyalty card/store issued card (for outbreak investigation only)

[Show/Hide](#)

This section is only for use in some specific outbreak situations, with client consent. It is not a routine question for sporadic cases.

Has the client given consent (written or verbal)?

- Yes  
 No  
 Not applicable

Loyalty card details (names and numbers)



**Interviewer Details and Notes**

[Show/Hide](#)

Interviewer Name

Interview date

Any special notes regarding this interview

Save as Draft

Submit

Clear

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