

# Enteric Illness

## Cryptosporidiosis

Date Reviewed: April 1, 2024

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### Notification Timeline:

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

**From Public Health to Saskatchewan Health:** Within 2 weeks.

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

### Information

**Table 1. Surveillance Case Definition<sup>1</sup>** (Public Health Agency of Canada, December 2023)

<b>Confirmed Case</b>	Laboratory confirmation of infection with or without clinical illness from an appropriate clinical specimen (e.g., stool, intestinal fluid or small bowel biopsy), with demonstration of: <ul style="list-style-type: none"><li>• <i>Cryptosporidium</i> spp. oocysts</li></ul> <b>OR</b> <ul style="list-style-type: none"><li>• <i>Cryptosporidium</i> spp. nucleic acid (e.g., by polymerase chain reaction (PCR) or other nucleic acid test (NAT))</li></ul> <b>OR</b> <ul style="list-style-type: none"><li>• <i>Cryptosporidium</i> spp. antigen (e.g., by an immunologic assay).</li></ul>
<b>Probable Case</b>	Clinical illness* in a person who is epidemiologically linked to a confirmed case.
* Clinical illness may be characterized by diarrhea (often profuse and watery), abdominal pain, anorexia, fever, nausea, general malaise, dehydration, and/or vomiting. The severity of illness may vary. Asymptomatic infections may occur.	

### Causative Agent

*Cryptosporidium* species are oocyst-forming coccidian protozoa. *Cryptosporidium parvum* is the most common species that causes clinical disease in humans. The other species that may cause disease in humans is *Cryptosporidium hominis* (American Academy of Pediatrics, 2009).

### Symptoms (Heymann, 2008)

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<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.

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- The major symptom is diarrhea, which may be profuse and watery, preceded by anorexia and vomiting in children. The diarrhea is associated with cramping abdominal pain.
- General malaise, fever, anorexia, nausea and vomiting occur less often.
- Symptoms often wax and wane but remit in less than 30 days in most immunologically healthy people.
- Asymptomatic infections are common and represent a source of infection for others.
- In immunodeficient persons, especially those infected with HIV, who may be unable to clear the parasite, the disease has a prolonged and fulminant clinical course contributing to death.

**Incubation Period** (American Academy of Pediatrics, 2009)  
1-12 days is the likely range, with an average of about 7 days.

### Reservoir/Source

Humans, cattle and other domestic animals, including birds and reptiles and occasionally wild animals (American Academy of Pediatrics, 2009).

### Mode of Transmission

 (Heymann, 2008)

- Fecal-oral, including person-to-person, animal-to-person, waterborne and foodborne.
- Oocysts are highly resistant to chemical disinfectants (e.g., chlorine). The parasite infects the intestinal epithelial cells, resulting in oocysts in feces that can survive under adverse environmental conditions for long periods of time.
- Outbreaks in North America and Europe have been associated with contaminated drinking water, bathing in contaminated swimming pools, water parks and lakes, and drinking unpasteurized apple cider that has been contaminated with cow manure.

### Risk Groups

Heymann (2008) identifies the following as being prone to infection:

- children under 2 years of age;
  - animal handlers;
  - travellers;
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- men who have sex with men;
- close personal contacts of infected individuals (families, health care workers and day care workers).

### Period of Communicability (Heymann, 2008)

- Oocysts appear in the stool at the onset of symptoms and are immediately infectious upon excretion and continue to be excreted in the stool for several weeks after symptoms subside. Oocysts can remain infective outside the body in a moist environment for 2-6 months.
- In most people, shedding of *C. parvum* stops within 2 weeks, but in immunocompromised individuals, shedding can continue for up to 2 months.

### Specimen Collection and Transport

Submit stool in container with SAF preservative. Fill specimen to the line of the container, do not over or under fill. Mix stool well with preservative using spoon provided before sending.

Refer to the Saskatchewan Disease Control Laboratory Compendium of Tests for details at <http://sdcl-testviewer.ehealthsask.ca>.

### Methods of Control/Role of Investigator

#### Prevention and Education

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.

- Educate the public about personal hygiene.
- Ensure adequate sanitation facilities.
- Educate food handlers about proper food and equipment handling and hygiene, especially in avoiding cross-contamination of food products, and emphasize thorough hand washing.
- Ensure drinking water supplies are safe. Avoid drinking untreated and inadequately filtered surface water when camping or traveling in developing



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- countries. Chemical disinfectants are not effective; therefore drinking water supplies should be boiled for one minute.
- Educate about the risk of sexual practices that permit fecal-oral contact.
  - Contact precautions are recommended for diapered or incontinent children.
  - Because cattle are a common source, wash hands thoroughly after contact with cattle or other farm or domestic animals.
  - Do not eat or drink unpasteurized milk products.
  - Avoid swallowing water when swimming (Heymann, 2008).

### Management

#### I. Case

##### History

Obtain:

- history of contact with pets, cattle, sheep or domestic animals (including visits to farms or petting zoos);
- history of recent travel and travel to areas with inadequate water or sewage systems;
- history of recent exposure to recreational water (treated or untreated);
- food history including consumption of contaminated food or water, or unpasteurized milk.

Determine:

- water source and sewage disposal if not on a municipal system;
- history of high-risk sexual practices, especially contact with feces;
- history of exposure to day care or institutions.

##### Immunization

None.

##### Education

- Provide prevention information and education to case or caregiver, day care or institution workers about personal hygiene.
  - Educate about disinfecting diaper changing areas after use by child with diarrhea.
  - Advise case to avoid food preparation.
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- Advise case to avoid using public swimming pools and other recreational waters for 2 weeks after symptoms resolve (American Academy of Pediatrics, 2009).
  - Long-term asymptomatic carriers should be educated as to proper prevention activities (handwashing techniques, proper fecal disposal), but do not need to be excluded from risk activities.

### **Treatment/Supportive Therapy**

Treatment choices are governed by the most recent guidelines. The public health practitioner should direct any questions regarding the current treatment protocols to the physician or Medical Health Officer (MHO). See [Appendix H - Sources for Clinical Treatment Guidelines](#).

- Supportive measures include management of fluid and electrolyte balance and rest.
- If the individual is taking immunosuppressive drugs, these should be stopped or reduced wherever possible. The patient is advised to consult with their physician to determine if any change in immunosuppressive drug regime is indicated.

### **Exclusion**

- Food handler, health care, childcare or other staff involved with personal care: exclude until diarrhea is considered to resolved (when stools have been normal for that individual for 48 hours).
- Children below the age of five years in childcare and individuals unable to maintain adequate standards of personal hygiene (i.e., mentally or physically handicapped): exclude until diarrhea has resolved.
- Use of recreational water (e.g., swimming pools, paddling pools, hot tubs): exclude until 2 weeks after symptoms resolve.
- Asymptomatic persons: exclusion is not warranted.

### **Referrals**

- None for healthy individuals.
- Immunocompromised people, especially HIV patients, should be followed by their infectious disease specialist.

## **II. Contacts/Contact Investigation**

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### **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 has been identified).

### **Testing**

Symptomatic household members, children and childcare workers in a day care/day home may be required to submit stool samples as part of an outbreak investigation (Heymann, 2008).

### **Prophylaxis/Immunization**

None.

### **Exclusion**

Symptomatic contacts working in high risk occupations should be excluded until diarrhea has resolved. Children and childcare workers in a daycare/dayhome should be excluded from these settings until diarrhea has resolved. Individuals with diarrhea should not use public recreational waters (e.g., swimming pools, lakes, etc.) (American Academy of Pediatrics, 2009). Exclusion is not warranted for asymptomatic persons.

## **III. Environment**

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

Strict enforcement of infection control measures. Refer to Saskatchewan Ministry of Health Infection Control Manual for Child Care Facilities.<sup>2</sup>

### **Institutional Control Measures**

- Strict enforcement of infection control measures. Refer to your Health Authority Infection Control Manual.

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<sup>2</sup> <http://www.saskatchewan.ca/live/births-deaths-marriages-and-divorces/starting-a-family/early-learning-and-child-care/child-care>

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- If the patient is in an institution, hospital or day care/day home, contact precautions in the handling of feces, contaminated clothing and bed linen are to be followed until diarrhea has resolved.
  - Contact precautions should be used while case is symptomatic. In the event of a cluster of cases in the institution, food handlers, water source and staff and other attendees may need to be examined (Heymann, 2008).

### Epidemic Measures

Epidemiological investigation of clustered cases in an area or institution to:

- determine source of infection and mode of transmission;
- search for common vehicle, such as recreational water, drinking water, raw milk or other potentially contaminated food or drink;
- institute applicable prevention or control measures. Control of person-to-person or animal-to-person transmission requires emphasis on personal cleanliness and safe disposal of feces (Heymann, 2008).

### Revisions

Date	Change
April 2024	Surveillance Case Definition table- updated to align with PHAC December 2023 updates.



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### References

- Alberta Health and Wellness. (2011). *Alberta public health notifiable disease management guidelines: Cryptosporidiosis*. Retrieved March, 2012 from <http://www.health.alberta.ca/professionals/notifiable-diseases-guide.html>.
- American Academy of Pediatrics. (2009). *Red book: 2009 Report of the Committee on Infectious Diseases* (28<sup>th</sup> ed.). Elk Grove Village, IL: Author.
- Heymann, D. L. (Ed.). (2008). *Control of communicable diseases manual* (19<sup>th</sup> ed.). Washington, DC: American Public Health Association.
- Manitoba Health. (2001). *Manitoba communicable disease management protocol: Cryptosporidiosis*. Retrieved March, 2012 from <http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html>.
- Public Health Agency of Canada. (December 2023). *National case definition: Cryptosporidiosis*. Retrieved February 2024 from <https://www.canada.ca/en/public-health/services/diseases/cryptosporidiosis/health-professionals/national-case-definition.html>.



## Cryptosporidiosis Data Collection Worksheet

Panorama QA complete:  Yes  No  
Initials: \_\_\_\_\_

Please complete all sections.

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

### 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 the same:	

### B) INVESTIGATION INFORMATION

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

Disease Summary Classification: CASE	Date	Classification: CONTACT	Date	LAB TEST INFORMATION:
<input type="checkbox"/> Confirmed	YYYY / MM / DD	<input type="checkbox"/> Contact	YYYY / MM / DD	Date specimen collected: YYYY / MM / DD
<input type="checkbox"/> Does Not Meet Case Definition	YYYY / MM / DD	<input type="checkbox"/> Not a Contact	YYYY / MM / DD	Specimen type: <input type="checkbox"/> Intestinal Fluid <input type="checkbox"/> Stool
<input type="checkbox"/> Person Under Investigation	YYYY / MM / DD	<input type="checkbox"/> Person Under Investigation	YYYY / MM / DD	
<input type="checkbox"/> Probable	YYYY / MM / DD			
<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> Name of Attending Physician or Nurse:		Location:		
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 _____				

# Cryptosporidiosis Data Collection Worksheet

Please complete all sections

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

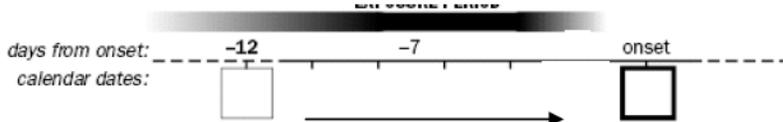
## C) SIGNS & SYMPTOMS

LHN-> INVESTIGATION->SIGNS & SYMPTOMS

Description	Yes	Date of onset	Date of recovery	Description	Yes	Date of onset	Date of recovery
Abdominal - cramping		YYYY / MM / DD	YYYY / MM / DD	Loss of appetite (anorexia)		YYYY / MM / DD	YYYY / MM / DD
Asymptomatic		YYYY / MM / DD	YYYY / MM / DD	Malaise		YYYY / MM / DD	YYYY / MM / DD
Diarrhea		YYYY / MM / DD	YYYY / MM / DD	Nausea		YYYY / MM / DD	YYYY / MM / DD
Diarrhea - profuse		YYYY / MM / DD	YYYY / MM / DD	Pain - abdominal		YYYY / MM / DD	YYYY / MM / DD
Diarrhea - watery		YYYY / MM / DD	YYYY / MM / DD	Vomiting		YYYY / MM / DD	YYYY / MM / DD
Fever		YYYY / MM / DD	YYYY / MM / DD			YYYY / MM / DD	YYYY / MM / DD
Other Signs & Symptoms if applicable							

### Exposure Period

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



Most persons shed infectious oocysts in stool during the period of diarrhea. Shedding may continue in some patients for several days—possibly longer.

## D) INCUBATION AND COMMUNICABILITY

LHN-> INVESTIGATION->INCUBATION & COMMUNICABILITY

<b>Incubation for Case (period for acquisition):</b>	
Earliest Possible Exposure Date: YYYY / MM / DD	Latest Possible Exposure Date: YYYY / MM / DD
<i>Exposure Calculation details:</i>	
<b>Communicability for Case (period for transmission):</b>	
Earliest Possible Communicability Date: YYYY / MM / DD	Latest Possible Communicability Date: 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	Start date	Add'l Info
Animal Exposure - Farms (Add'l Info)			YYYY / MM/DD	
Animal Exposure - Other (Add'l Info)			YYYY / MM/DD	
Animal Exposure - Pet treats and raw food (Add'l Info)			YYYY / MM/DD	
Animal Exposure - Pets (including reptiles) (Add'l Info)			YYYY / MM/DD	
Animal Exposure - Petting zoos/zoos/ special events/ other (Add'l Info)			YYYY / MM/DD	
Animal Exposure - Rodents/rodent excreta			YYYY / MM/DD	
Animal Exposure - Wild animals (other than rodents) (Add'l Info)			YYYY / MM/DD	
Behaviour - Camping/hiking			YYYY / MM/DD	
Contact - Daycare			YYYY / MM/DD	
Contact - Persons with diarrhea/vomiting			YYYY / MM/DD	
Exposure – Diaper changing			YYYY / MM/DD	
Occupation - Child Care Worker			YYYY / MM/DD	
Occupation - Health Care Worker - IOM Risk Factor			YYYY / MM/DD	
Occupation - Personal Care Worker			YYYY / MM/DD	
Sexual Behaviour – MSM +			YYYY / MM/DD	
Sexual Behaviour - Oral-anal			YYYY / MM/DD	
Travel - Outside of within Canada (Add'l Info)			YYYY / MM/DD	
Travel - Outside of Saskatchewan, but within Canada (add'l info)				
Water – Bottled water (specify)			YYYY / MM/DD	

## Cryptosporidiosis Data Collection Worksheet

Please complete all sections

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

DESCRIPTION	Yes	N, NA, U	Start date	Add'l Info
Water - Private well or system (Add'l Info)			YYYY / MM/DD	
Water - Public water system (Add'l Info)			YYYY / MM/DD	
Water - Untreated water (Add'l Info)			YYYY / MM/DD	
Water (Recreational) - Pond, stream, lake, river, ocean (Add'l Info)			YYYY / MM/DD	
Water (Recreational) - Private (swimming pool/whirl pool) (Add'l Info)			YYYY / MM/DD	
Water (Recreational) - Public (swimming pool/paddling pool/whirl pool) (Add'l Info)			YYYY / MM/DD	

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

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

Medication ( <i>Panorama = Other Meds</i> ) : _____
Prescribed by: _____      Started on:    YYYY / MMM / DD

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

Intervention Type and Sub Type:				
<b>Assessment:</b> Investigator name <input type="checkbox"/> Assessed for contacts      YYYY / MM / DD	<b>Exclusion:</b> Investigator name <input type="checkbox"/> Daycare    YYYY / MM / DD <input type="checkbox"/> Preschool    YYYY / MM / DD <input type="checkbox"/> School      YYYY / MM / DD <input type="checkbox"/> Work          YYYY / MM / DD			
<b>Communication:</b> <input type="checkbox"/> Other communication (See Investigator Notes)      YYYY / MM / DD Investigator name <input type="checkbox"/> Letter (See Document Management)      YYYY / MM / DD Investigator name	<b>Public Health Order:</b> <input type="checkbox"/> Order (specify) _____      YYYY / MM / DD Investigator name			
<b>General:</b> Investigator name <input type="checkbox"/> Disease-Info/Prev-Control      YYYY/ MM / DD <input type="checkbox"/> Disease-Info/Prev-Cont/Assess'd for Contacts      YYYY/ MM / DD	<b>Referral:</b> <input type="checkbox"/> Canadian food inspection agency      YYYY / MM / DD Investigator name <input type="checkbox"/> Primary care provider      YYYY/ MM / DD Investigator name			
<b>Education/counselling:</b> <input type="checkbox"/> Prevention/Control measures      YYYY / MM / DD <input type="checkbox"/> Disease information provided      YYYY / MM / DD Investigator name	<b>Testing:</b> Investigator name <input type="checkbox"/> Stool testing recommended (e.g. for follow-up)      YYYY / MM / DD <input type="checkbox"/> Laboratory testing recommended      YYYY / MM / DD			
<b>Environmental health:</b> YYYY/ MM / DD <input type="checkbox"/> Restaurant Inspection <input type="checkbox"/> Water system inspection <input type="checkbox"/> Food/Water sampling <input type="checkbox"/> Environmental sampling Investigator name	<b>Other Investigation Findings:</b> <input type="checkbox"/> Investigator Notes <input type="checkbox"/> Document Management Notes			
<b>Immunization:</b> Investigator name <input type="checkbox"/> Eligible immunizations recommended      YYYY / MM / DD				
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	

## Cryptosporidiosis 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"/> Other           | YYYY / MM / DD |
| <input type="checkbox"/> Fatal                        | YYYY / MM / DD | <input type="checkbox"/> Unknown                    | _____          |  |                |

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: \_\_\_\_\_

#### Setting Type

- Travel
  Exposure or consumption of potentially contaminated food or water
  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"/> Health care setting <input type="checkbox"/> Food service establishment <input type="checkbox"/> Household <input type="checkbox"/> Private Function (Food prep)		
		<input type="checkbox"/> Health care setting <input type="checkbox"/> Food service establishment <input type="checkbox"/> Household <input type="checkbox"/> Private Function (Food prep)		
		<input type="checkbox"/> Health care setting <input type="checkbox"/> Food service establishment <input type="checkbox"/> Household <input type="checkbox"/> Private Function (Food prep)		
		<input type="checkbox"/> Health care setting <input type="checkbox"/> Food service establishment <input type="checkbox"/> Household <input type="checkbox"/> Private Function (Food prep)		
	Crypto 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 / MMM / DD
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**Cryptosporidiosis Routine Questionnaire - August 2018**


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Record type:

Record ID:

Record Name:

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 12 days prior to onset, did you eat...

Any raw vegetables (e.g. broccoli, parsley, carrots, green onion)?

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

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

Any raw fruits (e.g. strawberries, tomatoes)?

- Yes  
 Probably  
 No  
 Don't know



	<input type="radio"/> None of the Above
If yes, specify details (E.g., where consumed, type, brand, location)	<input style="width: 100%; height: 40px;" type="text"/>
Any lettuce or salad?	<input type="radio"/> Yes <input type="radio"/> Probably <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> None of the Above
If yes, specify details (E.g., where consumed, type, brand, location)	<input style="width: 100%; height: 40px;" type="text"/>
Any unpasteurized apple juice/cider?	<input type="radio"/> Yes <input type="radio"/> Probably <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> None of the Above
If yes, specify details (E.g., where consumed, type, brand, location)	<input style="width: 100%; height: 40px;" type="text"/>
Any unpasteurized milk?	<input type="radio"/> Yes <input type="radio"/> Probably <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> None of the Above
If yes, specify details (E.g., where consumed, type, brand, location)	<input style="width: 100%; height: 40px;" type="text"/>

**Social Functions**

[Show/Hide](#)

In the 12 days prior to onset, did you attend any social functions (e.g. parties, weddings, showers, potlucks, community events)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not asked
Click the Add button to add social event/function details	



Add

### Restaurants

[Show/Hide](#)

In the 12 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 past 12 days prior to onset, did you visit grocery stores for foods 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

9/26/2018

Any special notes regarding this interview

Orbeon Forms Orbeon Forms 4.9.0.201505052329 CE