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: ☐ Work ☐ Personal
Phone #: ☐ Primary Home: ☐ Mobile contact: ☐ Workplace:		
Place of Employment/School:	Gender: ☐ Male ☐ Female ☐ Other ☐ Unknown	
Alternate Contact: _____ Relationship: _____ Alt. Contact phone: _____	Address Type: ☐ No fixed ☐ Postal Address ☐ Primary Home ☐ Temporary ☐ 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:**
☐ Confirmed	YYYY / MM / DD	☐ Contact	YYYY / MM / DD	Date specimen collected: YYYY / MM / DD
☐ Does Not Meet Case Definition	YYYY / MM / DD	☐ Not a Contact	YYYY / MM / DD	Specimen type: ☐ Intestinal Fluid ☐ Stool
☐ Person Under Investigation	YYYY / MM / DD	☐ Person Under Investigation	YYYY / MM / DD	
☐ Probable	YYYY / MM / DD			

Disposition:

FOLLOW UP:

☐ In progress	YYYY / MM / DD	☐ Complete	YYYY / MM / DD
☐ Incomplete - Declined	YYYY / MM / DD	☐ Not required	YYYY / MM / DD
☐ Incomplete – Lost contact	YYYY / MM / DD	☐ Referred – Out of province (specify where)	YYYY / MM / DD
☐ Incomplete – Unable to locate	YYYY / MM / DD		

REPORTING NOTIFICATION Name of Attending Physician or Nurse:	Location:
Physician/Nurse Phone number:	Date Received (Public Health): YYYY / MM / DD

Type of Reporting Source: ☐ Health Care Facility ☐ Lab Report ☐ Nurse Practitioner ☐ Physician ☐ Other_____

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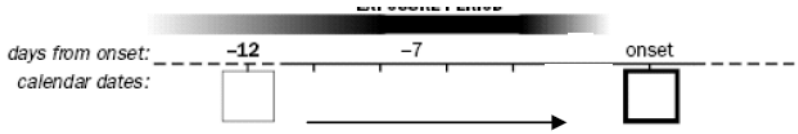
C) SIGNS & SYMPTOMS

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

Incubation for Case(period for acquisition):
Earliest Possible Exposure Date: YYYY / MM / DD **Latest Possible Exposure Date**: YYYY / MM / DD

Exposure Calculation details:

Communicability for Case (period for transmission):
Earliest Possible Communicability Date: YYYY / MM / DD **Latest Possible Communicability Date**: YYYY / MM / DD

Communicability Calculation Details:

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	

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Panorama Client ID: _____
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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 -> CRYPTOSPORIDOSIS FORM

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

Medication *(Panorama = Other Meds) :* _____

Prescribed by:_____ Started on: YYYY / MMM / DD

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

Intervention Type and Sub Type:

Assessment: Investigator name
☐ Assessed for contacts YYYY / MM / DD

Exclusion: Investigator name
☐ Daycare YYYY / MM / DD ☐ Preschool YYYY / MM / DD
☐ School YYYY / MM / DD ☐ Work YYYY / MM / DD

Communication:
☐ Other communication (See Investigator Notes) YYYY / MM / DD
Investigator name
☐ Letter (See Document Management) YYYY / MM / DD
Investigator name

Public Health Order:
☐ Order (specify)_____ YYYY / MM / DD
Investigator name

General: Investigator name
☐ Disease-Info/Prev-Control YYYY/ MM / DD
☐ Disease-Info/Prev-Cont/Assess'd for Contacts YYYY/ MM / DD

Referral:
☐ Canadian food inspection agency YYYY / MM / DD
Investigator name
☐ Primary care provider YYYY/ MM / DD
Investigator name

Education/counselling:
☐ Prevention/Control measures YYYY / MM / DD
☐ Disease information provided YYYY / MM / DD
Investigator name

Testing: Investigator name
☐ Stool testing recommended (e.g. for follow-up) YYYY / MM / DD
☐ Laboratory testing recommended YYYY / MM / DD

Environmental health: YYYY/ MM / DD
☐ Restaurant Inspection ☐ Water system inspection
☐ Food/Water sampling ☐ Environmental sampling
Investigator name

Other Investigation Findings:
☐ Investigator Notes
☐ Document Management Notes

Immunization: Investigator name
☐ 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	

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I) OUTCOMES *(optional except for severe influenza)*

LHN-> INVESTIGATION-> OUTCOMES

☐ Not yet recovered/recovering YYYY / MM / DD ☐ ICU/intensive medical care YYYY / MM / DD ☐ Hospitalization YYYY / MM / DD
☐ Recovered YYYY / MM / DD ☐ Intubation /ventilation YYYY / MM / DD ☐ Other YYYY / MM / DD
☐ Fatal YYYY / MM / DD ☐ 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
		☐ Health care setting ☐ Food service establishment ☐ Household ☐ Private Function (Food prep)		
		☐ Health care setting ☐ Food service establishment ☐ Household ☐ Private Function (Food prep)		
		☐ Health care setting ☐ Food service establishment ☐ Household ☐ Private Function (Food prep)		
		☐ Health care setting ☐ Food service establishment ☐ Household ☐ Private Function (Food prep)		
	Crypto Contacts – Inv ID# _____	☐ 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)

Initial Report completed by:		**Date initial report completed:** YYYY / MMM / DD

PANORAMA

Cryptosporidiosis Routine Questionnaire - August 2018

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

◯ None of the Above

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

Any lettuce or salad?
◯ Yes
◯ Probably
◯ No
◯ Don't know
◯ None of the Above

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

Any unpasteurized apple juice/cider?
◯ Yes
◯ Probably
◯ No
◯ Don't know
◯ None of the Above

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

Any unpasteurized milk?
◯ 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 12 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 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	