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### Cryptosporidiosis

#### Fact Sheet

**Disease Case Report (CD-1)**     [PDF format](#)     [Word format](#)

**Record of Investigation of Cryptosporidiosis Infection (CD-18)**

**Record of Investigation of Enteric Infection (CD-2C) rev. 6/02**

**Missouri Outbreak Surveillance Report (CD-51)**

**CDC Form 52.12, Waterborne Diseases Outbreak Report**

**Sample Letters Regarding Exposure to Cryptosporidiosis**


**[Letter to parents at beginning of outbreak](#)**

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## Cryptosporidiosis

### Overview<sup>(8)</sup>


Cryptosporidiosis or “Crypto” is a diarrheal disease caused by microscopic parasites of the genus *Cryptosporidium*. *Cryptosporidium* is found in soil, food, water, or surfaces that have been contaminated with infected human or animal feces. If a person swallows the parasite they become infected. You cannot become infected through contact with blood. Symptoms of Crypto include, most commonly, watery diarrhea and cramps, sometimes severe. Weight loss, nausea, vomiting, and fever are also possible. Some people with cryptosporidiosis may have no symptoms at all. The disease can be mild, but it can be a life threatening illness in people whose immune systems are already weakened by disease. Cryptosporidiosis is most particularly a danger for the immunocompromised, especially HIV-positive persons and persons with AIDS.

Symptoms of Crypto generally begin 2 to 14 days (average 7 days) after becoming infected with the parasite.<sup>(2)</sup> In persons with healthy immune systems, symptoms usually last about 1 to 2 weeks. The symptoms may go in cycles in which you may seem to get better for a few days, then feel worse again before the illness ends.

During the past two decades, cryptosporidiosis has become recognized as one of the most common causes of waterborne disease within humans in the United States. The parasite may be found in drinking water and recreational water in every region of the United States and throughout the world. Washing hands is the most effective means of preventing cryptosporidiosis transmission.

For a complete description of cryptosporidiosis, please refer to the following texts:

- ♦ *Control of Communicable Diseases Manual*. (CCDM), American Public Health Association. 18th ed. 2004.
- ♦ American Academy of Pediatrics. *Red Book: 2003 Report of the Committee on Infectious Diseases*. 26th ed. 2003.
- ♦ *Mandell, Douglas, and Bennett’s Principles and Practice of Infectious Diseases*. 6th ed. 2005.

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## **Case Definition** <sup>(3)</sup>

### *Clinical description*

An illness caused by the protozoan *Cryptosporidium parvum* and characterized by diarrhea, abdominal cramps, and loss of appetite, low-grade fever, nausea, and vomiting. Infected persons may be asymptomatic. The disease can be prolonged and life threatening in severely immunocompromised persons.

### *Laboratory criteria for diagnosis*

Laboratory-confirmed cryptosporidiosis shall be defined as the detection of *Cryptosporidium* in symptomatic or asymptomatic persons

1. Oocysts in stool by microscopic examination, or
2. Oocysts in intestinal fluid or small bowel biopsy specimens, or
3. Oocyst or sporozoite antigens in stool by immunodiagnostic methods (e.g. enzyme-linked immunosorbent assay.) or
4. PCR techniques when routinely available, or
5. Demonstration of reproductive stages in tissue preparations

### *Case classification*

*Confirmed Symptomatic:* a laboratory-confirmed case associated with one of the symptoms described above

*Confirmed Asymptomatic:* a laboratory-confirmed case associated with none of the above symptoms

*Probable:* a clinically compatible case that is epidemiologically linked to a confirmed case


## **Information Needed for Investigation**

**Verify the diagnosis.** What laboratory tests were conducted and what were the results? Was cryptosporidiosis confirmed?

**Establish the extent of illness.** Determine if household or other close contacts are, or have been ill, by contacting the health care provider, patient or family member.

**Determine the source of infection to prevent other cases.**

- Does the case or a member of the case's household attend a childcare center or nursery school?
- What is the case's primary source of drinking water?
- Has the case ingested untreated water from a lake or stream?
- Had the case participated in water recreational activities in a pool, water park, lake or stream?
- Has the case traveled recently?
- Does the case handle animals or otherwise have contact with feces from wild or domestic animals especially a calf with diarrhea?

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- Have there been other cases linked by time, place or person (persons who drink from the same water supply, consumed fresh fruit or vegetables)?
- Does the case engage in sexual practices that might place them or others at increased risk?


### **Notification**

- Contact the Regional Communicable Disease Coordinator, or the Department of Health and Senior Services' Situation Room (DSR) at 800-392-0272 (24/7) immediately upon learning of a suspected outbreak of cryptosporidiosis.
- Contact the Bureau of Child Care (573-751-2450) if cases are associated with a child care facility.
- Contact the Section for Long-Term Care (573-526-0721) if cases are associated with a long-term care facility.
- Contact the Bureau of Health Facility Regulation (573-751-6303) if cases are associated with a hospital or hospital-based long-term care facility.

### **Control Measures**

#### **General**

- It should be the general practice of all food establishments, childcare centers, and health care facilities to exclude persons with poor hygiene from working in these facilities.
- Identify symptomatic individuals and obtain stool specimens. If the first stool specimen is negative by microscopic examination for ova and parasites (O&P), examine two additional specimens collected 24 hours apart.<sup>(6)</sup> If the initial specimen is negative by EIA antigen testing of the stool, no additional specimens need testing for *Cryptosporidium parvum*.<sup>(5)</sup> Individuals found positive should be interviewed and referred for medical assessment.
- If cases are associated with a public water supply, notify the Regional Communicable Disease Coordinator, who will notify the Department of Natural Resources (DNR). If possible, DNR should be contacted before the collection of any public water samples.
- If coliform bacteria are detected in a private water supply (e.g. cistern, well), advise the family to boil their water (bring water to a full rolling boil for one minute) used for drinking, food preparation, dishwashing, and tooth brushing until the problem with the water supply can be corrected.
- All individuals with diarrhea should not use public recreational water (e.g., swimming pools, water parks, lakes, ponds) and individuals with a diagnosis of cryptosporidiosis should *not use recreational waters for 2 weeks after symptoms resolve*.<sup>(2)</sup>
- If fresh fruits or vegetables are suspected as the vehicle in an outbreak, trace back of the product may prevent additional cases.

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- Epidemiological investigation of a cluster of cases or an outbreak, try to determine the source of the infection and mode of transmission. Search for a common vehicle, such as recreational water, drinking water, raw milk or other potentially contaminated food or drink. Control person-to-person or animal-to-person transmission, institute applicable prevention or control measures.<sup>(1)</sup> Recommendations related to prevention or control measures may need to be modified or changed as needed.

### **Foodhandlers & Health Care Workers**

- Exclude symptomatic individuals from food handling and direct care of hospitalized and institutionalized patients until **asymptomatic**. **Stress proper handwashing.**<sup>(1)</sup>
- For individuals with questionable hygiene, they may return to work when symptoms resolve, but should be reassigned to other duties (non-food handling or direct patient care) until they can be trained, and are likely to follow good hygienic measures.<sup>(9)</sup>
- If a food service employee no longer has diarrhea, but is being treated, they should not work handling foods that will not be subsequently cooked or heated (salad bar duties, preparing sandwiches, etc.) until therapy has been completed.<sup>(9)</sup>

### **Child Care & School**

- Exclude symptomatic children and teachers from childcare facilities and school until **diarrhea** stops. **Stress proper handwashing.**<sup>(1)</sup>
- Upon identification of an acute case in childcare, the facility should be provided with the (1)“*Sample Letter To Parents of Children in Childcare Center Exposed to Cryptosporidiosis*” for parent notification and (2)“*Sample Letter to Childcare Center: Crypto Notification*”. The fact sheet and sample letter can be reproduced for use in the facility.
- All rules and guidelines regarding handwashing, toileting, diapering, and food handling, referenced in “*Licensing Rules for Group Day Care Homes and Child Day Care Centers*”<sup>(7)</sup> should be followed rigorously.
- Contact the Bureau of Child Care for the Environmental Public Health Specialist to perform an assessment of the childcare facility.
- In the laboratory, *Cryptosporidium* is relatively resistant to commonly used disinfectants. However, it is extremely sensitive to drying. Therefore, the practical approach to environmental disinfection of surfaces potentially contaminated with *Cryptosporidium* involves physical cleaning with a good detergent to remove the soiling, followed by thorough drying of the surfaces.<sup>(9)</sup>

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### CDC Swimming Pool Recommendations (*Cryptosporidium*)<sup>(10)</sup>

Those who swim when ill with diarrhea place other swimmers at a significant risk for getting sick. Diarrheal accidents are much more likely than formed stool to contain germs. Therefore, it is important that all pool managers stress to patrons that swimming when ill with diarrhea is an unhealthy pool behavior.

1. Direct everyone to leave the pool. If you have multiple pools that use the same filter—all pools will have to be shut down. Do not allow anyone to enter the contaminated pool(s) until all decontamination procedures are completed.
2. Remove as much of the fecal material as possible using a net or scoop and dispose of it in a sanitary manner. Clean and disinfect the net or scoop (e.g., after cleaning, leave the net or scoop immersed in the pool during disinfection).  
**Vacuuming fecal material from the pool is *not* recommended.**
3. Raise the free available chlorine concentration to **20 ppm** (mg/L) and maintain the **pH between 7.2 and 7.5**. This chlorine and pH level should be sufficient to inactivate *Cryptosporidium* and should be **maintained for at least 8 hours**, equivalent to a CT inactivation value of 9600.
4. Ensure that the filtration system is operating while the pool reaches and maintains the proper chlorine level during disinfection. If necessary, consult an aquatics professional to determine and identify the feasibility, practical methods, and safety considerations before attempting the hyperchlorination of any pool.
5. Backwash the filter thoroughly after reaching the CT value. Be sure the effluent is discharged directly to waste and in accordance with state or local regulations. Do not return the backwash through the filter. Where appropriate, replace the filter media.
6. Swimmers may be allowed back into the pool after the required CT value has been achieved and the chlorine level has been returned to the normal operating range allowed by the state or local regulatory authority.
7. Establish a fecal accident log. Document each fecal accident by recording date and time of the event, note whether formed stool or diarrhea, and note the chlorine levels at the time or observation of the event. Before reopening the pool, record the pH, the procedures followed in response to the fecal accident (including the process used to increase chlorine levels if necessary), and the contact time.

### Control Measures (For detailed information see)

- ♦ *Control of Communicable Diseases Manual*. (CCDM), American Public Health Association. 18th ed. 2004.
- ♦ American Academy of Pediatrics. *Red Book: 2003 Report of the Committee on Infectious Diseases*. 26th ed. 2003.
- ♦ *Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases*. 6th ed. 2005.

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## **Laboratory Procedures**

### **Specimens:**

#### **Microscopic examination for Ova and Parasites:**

1. Use an ova and parasite (O&P) kit, which contains two different preservatives, polyvinyl alcohol (PVA) and formalin to collect specimens. Specimens must be placed in both preservatives. Specimens may be shipped at room temperature. The Missouri State Public Health Laboratory (SPHL) performs this test. Specifically request testing for *Cryptosporidium* on the specimen submission form. Initial specimens should also be screened for *Giardia lamblia*. The same specimen can be used for both tests.
2. If a large number of samples will be submitted (+15), or if sampling will continue over a long period, contact the Regional Communicable Disease Coordinator so arrangements may be made with the laboratory.

#### **Enzyme immunosorbent assay (EIA) antigen testing:**

The SPHL does not routinely perform EIA testing of stool specimens for *Cryptosporidium*. However, many commercial laboratories do. Generally, the specimens can be fresh unpreserved stool, rectal swabs in cassettes or stool collected in formalin. Consult with the testing laboratory before specimen collection.

#### **Enteric cultures:**

When investigating diarrheal illness of unknown etiology specimens should be initially screened for *Salmonella*, *Shigella*, *Campylobacter* and *E. coli O157:H7*. Collect specimens in Cary-Blair media using the enteric specimen collection kit supplied by the SPHL. Specimens should be shipped refrigerated.


#### **Environmental samples:**

Water supplies will *not* be tested for *Cryptosporidium* without substantial and convincing epidemiological evidence. If the water supply is suspected as the source of infection, it can be screened for coliform bacteria, which is a general indicator of the safety of the water.

## **Reporting Requirements**

Cryptosporidiosis is a Category II disease and shall be reported to the local health authority or to the Missouri Department of Health and Senior Services within 3 days of suspected diagnosis:


1. For confirmed and probable cases, complete a “Disease Case Report” ([CD-1](#)) and “Record of Investigation of Cryptosporidiosis Infection” ([CD-18](#)).

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2. If food is suspected to be the source of the illness, complete the “Record of Investigation of Enteric Infection” ([CD-2C](#)) rev. 6/20 and collect the case’s food history for the seven days prior to onset of the illness
3. Entry of the completed CD-1 into the MOHSIS database negates the need for the paper CD-1 to be forwarded to the Regional Health Office.
4. Send the completed secondary investigation form(s) to the Regional Health Office.
5. All outbreaks or "suspected" outbreaks must be reported as soon as possible (by phone, fax or e-mail) to the Regional Communicable Disease Coordinator. This can be accomplished by completing the Missouri Outbreak Surveillance Report ([CD-51](#)).
6. If an outbreak is associated with the consumption or use of water for drinking, or with ingestion, contact or inhalation of recreational water, the [CDC Form 52.12, Waterborne Diseases Outbreak Report](#) (9/05) is to be completed and submitted to Disease Investigation Unit in Jefferson City.
7. Within 90 days from the conclusion of an outbreak, submit the final outbreak report to the Regional Communicable Disease Coordinator.

## **References**

1. *Control of Communicable Diseases Manual*. Cryptosporidiosis. In: Heymann DL, ed. 18th ed. Washington, D.C.: American Public Health Association; 2004: 138-141.
2. American Academy of Pediatrics. Cryptosporidiosis. In: Pickering LK, ed. *Red Book: 2003 Report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003: 255-257.
3. Centers for Disease Control and Prevention. Epidemiology Program Office, Division of Public Health Surveillance and Informatics, *Nationally Notifiable Infectious Diseases United States 2005*. <http://www.cdc.gov/epo/dphsi/phs/infdis.htm> (9/05)
4. Whitley, RJ. Cryptosporidiosis. In: Mandell GL, Bennett JE, Dolin R, eds. *Mandell, Douglas, and Bennett’s Principles and Practice of Infectious Diseases*. 6th ed. Philadelphia, Pa.: Elsevier Churchill Livingstone; 2005: vol.2: 3215-3223.
5. J Clin Microbiol. “Evaluation of nine immunoassay kits (enzyme immunoassay and direct fluorescence) for detection of *Giardia lamblia* and *Cryptosporidium parvum* in human fecal specimens.” Garcia LS; Shimizu RY: 1997 Jun;35(6):1526-9.
6. NCCLS Document M28-P, 1993: Procedures for the recovery and identification of parasites from the intestinal tract; proposed guidelines. National Committee for Clinical Lab. Standards, Villanova, PA.
7. Missouri Department of Health and Senior Services. 19 CSR 30-62-Health. Chapter 62-Licensing Rules for Group Day Care Homes and Child Day Care Centers.
8. Center for Disease Control-“Cryptosporidiosis,” [http://www.cdc.gov/ncidod/diseases/submenu/sub\\_crypto.htm](http://www.cdc.gov/ncidod/diseases/submenu/sub_crypto.htm) (September, 2005)
9. Missouri Department of Health and Senior Services. Section for Community Protection. 2005.

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10. Center for Disease Control- Division of Parasitic Diseases-“Healthy Swimming,”& *Fecal Accident Response Recommendations for Aquatics Staff* 2005.

<http://www.cdc.gov/healthyswimming/> (September, 2005)

<http://www.cdc.gov/healthyswimming/fecalacc.htm> (September, 2005)

### **Other Sources of Information**

1. Infection Control in the Child Care Center and Preschool, 4<sup>th</sup> Edition, Donowitz, 1999: 117-119.
2. Eisen, D., eMedicine Journal, March 10 2004, Volume 5, Number 3, Cryptosporidiosis, <http://author.emedicine.com/med/topic484.htm> (September, 2005)

# Cryptosporidiosis

## FACT SHEET

### **What is cryptosporidiosis?**

Cryptosporidiosis (krip-toe-spo-rid-e-o-sis) is a diarrheal illness caused by a microscopic parasite, *Cryptosporidium parvum*. The disease is often called “Crypto.”

### **Is cryptosporidiosis a new disease?**

Cryptosporidiosis is not a new disease; it was identified as a pathogen in 1976.

### **How is this parasite spread?**

The *Cryptosporidium* parasite passes in the stool of infected persons and animals. Infection occurs when a person ingests the parasite and only a few of these parasites are required to cause an infection. Likely means to get infected with *Cryptosporidium* include:

- Persons who do not wash his/her hands properly after using the restroom or diapering;
- Food that is not washed after being in soil or water that contains *Cryptosporidium*;
- Drinking water contaminated with *Cryptosporidium*;
- Swimming or playing in rivers, streams, springs, lakes, swimming pools, and water parks contaminated with *Cryptosporidium*.
- Exposure to wild or domestic animals (especially calves with diarrhea)..

### **Who gets cryptosporidiosis?**

Anyone can get cryptosporidiosis. Persons with weakened immune systems are at higher risk of getting infected after exposure to cryptosporidiosis. Those include:

- People receiving cancer chemotherapy,
- People receiving kidney dialysis,
- People receiving steroid therapy, and
- People infected with HIV or Crohn's disease.

### **What are the symptoms of cryptosporidiosis?**

The most common symptom is large amounts of watery diarrhea. There may also be cramps, nausea, vomiting, fever, headache and loss of appetite. Persons with healthy immune systems usually have symptoms for two weeks or less. The symptoms may go in cycles in which you may seem to get better for a few days, then feel worse again before the illness ends. Persons with weak immune systems may have much more severe and long lasting illness. Some persons infected with cryptosporidiosis may not have any symptoms, but they can still pass the parasite to others.

### **How do I know if I have cryptosporidiosis?**

The stool of the ill person is sent to a laboratory where it is tested.

### **How soon do symptoms appear?**

The symptoms may appear from 2 to 14 days after exposure, but usually within 7 days.

### **How long can an infected person infect others?**

The infected person can infect others when symptoms begin and for several weeks after the symptoms disappear. Infected persons who do not have symptoms can still infect others.

### **Should an infected person stay home from work, school, or child care?**

People with diarrhea need to be excluded from child care, food service or any other group activity where they may present a risk to others. Most infected people may return to work or school when their diarrhea stops if they carefully wash their hands after using the restroom. Foodhandlers, children and staff in child care settings, and health care workers must obtain the approval of the local or state health department before returning to their routine activities.

### **How is cryptosporidiosis treated?**

Persons generally recover without treatment. However, the Food and Drug Administration has licensed a 3-day course of nitazoxanide oral suspension for treatment of children with diarrhea attributable to *C. parvum* and *Giardia lamblia*. Paromomycin, alone or with azithromycin dihydrate, is minimally effective. Persons with diarrhea should drink plenty of fluids. Medicine used to control diarrhea sometimes helps. Cryptosporidiosis can be very serious and even cause death in persons with weakened immune systems. Persons with a weakened immune system should call their physician if they suspect they have cryptosporidiosis.

### **What can be done to prevent getting and spreading cryptosporidiosis?**

- Avoid drinking untreated and improperly filtered surface water.
- Wash hands carefully for at least 30 seconds
  - o After use of restroom
  - o Before preparation of foods
  - o After completion of food preparation
  - o After handling animals, especially cattle, or their feces
  - o After working in soil
- Wash fresh fruits and vegetables before eating.
- Dispose of sewage waste properly so it does not contaminate surface or ground water.

**Missouri Department of Health and Senior Services  
Section for Community Protection  
Phone: (866) 628-9891 or (573) 751-6113**



RECORD OF INVESTIGATION OF CRYPTOSPORIDIOSIS INFECTION

(INDIVIDUAL CASE HISTORY)

NAME		AGE	SEX	RACE
PARENTS NAME IF NOT ADULT		HOME PHONE		WORK PHONE
ADDRESS		CITY OR TOWN	COUNTY	ZIP
PLACE EMPLOYED OR SCHOOL/DAY CARE ATTENDED		OCCUPATION		
Did individual become ill? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, DATE AND HOUR OF ONSET		
Was a physician consulted? <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME OF PHYSICIAN		PHONE
Was patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME OF HOSPITAL		
Is patient immunocompromised? <input type="checkbox"/> Yes <input type="checkbox"/> No		Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	Still ill? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DURATION OF ILLNESS (DATE AND HOUR FEELING BETTER)

WHICH OF THE FOLLOWING SYMPTOMS DID INDIVIDUAL HAVE (CHECK YES OR NO)

Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
# Stools in 24 hr. period	_____	Malaise	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nausea	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anorexia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	_____
Cramps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	_____

TREATMENT (TYPE, AMOUNT, DATES)

LABORATORY TESTS AND RESULTS

SPECIMEN	DATE COLLECTED	RESULTS	SPECIMEN	DATE COLLECTED	RESULTS

Did the individual have any of the following exposures during the two weeks prior to onset of illness?

Drink from any untreated waters (e.g., cistern, stream, spring, river, lake)?  Yes  No  
 If yes, where? \_\_\_\_\_

Swim or participate in recreational activities in a stream, river, lake, or pond?  Yes  No  
 If yes, where? \_\_\_\_\_  
 Type of activity: (e.g., wade, swim, water ski, work, play) \_\_\_\_\_

Swim in a swimming pool?  Yes  No  
 If yes, where? \_\_\_\_\_ Observed conditions: \_\_\_\_\_

Exposure to rodents, cats, dogs, birds, reptiles, fish, farm livestock, poultry or their manure?  Yes  No  
 If yes, describe: \_\_\_\_\_

Recent travel?  Yes  No

If yes, where? \_\_\_\_\_

Household water supply \_\_\_\_\_

Household sewage disposal \_\_\_\_\_

Is food a suspect source of illness?  Yes  No

If yes, date and hour eaten \_\_\_\_\_

Source of food (e.g., restaurant, picnic) \_\_\_\_\_

Use the CD-2C (1-92) Record of Investigation of Enteric Illness to gather a food history for the 7 days prior to illness. (Use the CD-2C form to collect only food history data. Attach the food history data to this form.)

List household contacts, other close contacts, and those who had exposure to suspect source of illness (Complete a separate form for each ill contact)

NAME AND ADDRESS	AGE	SEX	RELATION TO PATIENT	SIMILAR ILLNESS	ONSET DATE	LAB CONFIRMED	EXPOSED TO SUSPECT SOURCE	COMMENTS
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	

PROBABLE PLACE OR SOURCE OF ILLNESS \_\_\_\_\_

COMMENTS/FOLLOWUP \_\_\_\_\_

INVESTIGATED BY \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF AGENCY \_\_\_\_\_



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION OF COMMUNICABLE DISEASE CONTROL AND VETERINARY PUBLIC HEALTH  
**RECORD OF INVESTIGATION OF ENTERIC ILLNESS**

MOHSIS CID# \_\_\_\_\_

**Information with shaded titles is not required if entered on the CD-1 report or entered into MOHSIS.**

NAME: (LAST, FIRST, MI)		DATE OF BIRTH: / /	AGE:	GENDER:	RACE:
PARENT(S) NAME IF NOT ADULT:		PHONE NO.:			
HOME ADDRESS:		CITY:	STATE:	ZIP CODE:	COUNTY:

**EMPLOYMENT / CHILD CARE (\*See reverse side for High-Risk Employment information.)**

PLACE OF EMPLOYMENT:	ADDRESS:	PHONE NO.:
OCCUPATION:	JOB DUTIES:	
SCHOOL / CHILD CARE ATTENDED:	GRADE OR ROOM:	
SCHOOL / CHILD CARE ADDRESS:	CITY:	STATE: ZIP CODE:

**Symptoms:\* (Check Yes or No and number the order in which symptoms first presented)**

ORDER NO.	SYMPTOM	YES	NO	ORDER NO.	SYMPTOM	YES	NO	ORDER NO.	SYMPTOM	YES	NO
	Nausea	<input type="checkbox"/>	<input type="checkbox"/>		Bloody Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>		Malaise	<input type="checkbox"/>	<input type="checkbox"/>
	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>		Cramps	<input type="checkbox"/>	<input type="checkbox"/>		Headache	<input type="checkbox"/>	<input type="checkbox"/>
	Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>		Chills	<input type="checkbox"/>	<input type="checkbox"/>		Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
	Watery Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>		Fever _____ °	<input type="checkbox"/>	<input type="checkbox"/>		Other		

**Disease**

DIAGNOSIS:	ONSET DATE / TIME:* / / _____ am <input type="checkbox"/> pm <input type="checkbox"/>	DURATION OF SYMPTOMS: _____ hrs.
INCUBATION PERIOD:*	PHYSICIAN CONSULTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE: / / HOSPITALIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No
PROVIDER NAME:	CITY:	STATE: PHONE NO.:
TREATMENT: (TYPE, AMOUNT)	DATE:* / /	
<input type="checkbox"/> Recovered <input type="checkbox"/> Died	DATE OF DEATH: / /	CAUSE OF DEATH:

**Patient History (Limit patient responses to within one disease incubation period.)**

TRAVEL: (OUTSIDE OF HOME COMMUNITY) <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE(S):*	LOCATION(S):
HOME WATER SUPPLY: <input type="checkbox"/> Private (type) _____ <input type="checkbox"/> Bottled Water (brand) _____ <input type="checkbox"/> Public Water District (Name) _____ Other water sources: _____		
HOME SEWAGE DISPOSAL SYSTEM: <input type="checkbox"/> Private (type) _____ <input type="checkbox"/> Community System (Name) _____		
RECREATIONAL WATER CONTACT: (SWIMMING POOL, LAKE, RIVER, ETC.) <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Location: _____ Dates:* _____		
PET / ANIMAL EXPOSURE: (DOMESTIC PETS, LIVESTOCK, OTHER) <input type="checkbox"/> Yes <input type="checkbox"/> No Pets/Animals ill: <input type="checkbox"/> Yes <input type="checkbox"/> No Animal Type(s): _____ Date(s)* of Animal Exposure: _____ Describe Animal Exposure: _____ Location of Animal Exposure: _____ Comments: _____		

**Food\*\***

	NAME	STREET ADDRESS	CITY / STATE
Grocery stores routinely used:	_____	_____	_____
Restaurants routinely used:	_____	_____	_____
OTHER FOOD SOURCES: (e.g., ETHNIC, UNPASTEURIZED, HOME CANNED)	TYPE / LOCATION:		

\* Epi Calendar (reverse side) may be used to help determine time periods.  
\*\* Attach separate 3-day food history if multiple cases are known/suspected.

**Please submit this form along with completed CD-1 Report on all enteric cases.**

**Laboratory Tests\*:** Record Diagnostic Information in Section 41 of CD-1 Report and/or attach copy of lab slip(s)

Are there other associated cases? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	How Associated:
--	-------------------	-----------------

**List ill contacts:**

NAME & ADDRESS	DOB / AGE	SEX	RELATION TO PATIENT	SIMILAR ILLNESS		ONSET DATE	LAB CONFIRMED		CD-1 AND ENTERIC FORM COMPLETED	
				YES	NO		YES	NO	YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**High Risk Employment Information (e.g., Food Handler, Child Care or Health Care Worker)**

SPECIFIC JOB DUTIES:\*

DATE(S) WORKED PRIOR TO ONSET OF ILLNESS:*	EXCLUDED FROM WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE:*/ /
IF YES, BY WHOM:	TITLE:	
FOLLOW-UP SPECIMEN(S) REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE COLLECTED:*/ /	RESULTS:*/ 1. _____ 2. _____ 3. _____
LAB:	WERE CONTROL MEASURES DISCUSSED WITH PATIENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	BY:
RETURNED TO WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE:*/ /	EXCLUDED FROM HIGH-RISK DUTIES? <input type="checkbox"/> Yes <input type="checkbox"/> No

SEXUAL PREFERENCE: <input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	MULTIPLE PARTNERS? <input type="checkbox"/> Yes <input type="checkbox"/> No
RECREATIONAL DRUG USE: <input type="checkbox"/> Yes <input type="checkbox"/> No	DRUGS OF CHOICE:

**\*Epi Calendar:**

MONTH(S) / DATES:	YEAR:	DISEASE:	WORK:
Sunday ____	Monday ____	Tuesday ____	Saturday ____
Sunday ____	Monday ____	Tuesday ____	Saturday ____
Sunday ____	Monday ____	Tuesday ____	Saturday ____

OTHER PERTINENT EPIDEMIOLOGICAL DATA (TO INCLUDE PROBABLE SOURCE):

---



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INVESTIGATOR: 	DATE COMPLETED:
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# MISSOURI OUTBREAK SURVEILLANCE FORM

**ID:** \_\_\_\_\_ **OUTBREAK NAME:** \_\_\_\_\_ **ENTRY DATE:** \_\_\_\_\_

**PERSON RECEIVING REPORT:** \_\_\_\_\_

**REPORT DATE:** \_\_\_\_\_

**REPORTED BY: (check 2-digit code)**

- |                                  |                                |   |
|----------------------------------|--------------------------------|---|
| 01 Local Health Dept             | 05 Nursing Home/Long Term Care | 09 Private Physician/Health Care Provider |
| 02 Regional Office               | 06 Child Care                  | 10 Private Citizen                        |
| 03 Hospital                      | 07 School/College              | 11 Other State Agency                     |
| 04 Laboratory (non-hospital lab) | 08 Industry Worksite           | 12 Other, specify _____                   |

**DATE OF REPORT TO LOCAL HEALTH AGENCY:** \_\_\_\_\_

**EVENT DESCRIPTION: (circle 2-digit code)**

- |                                  |                           |                         |
|----------------------------------|---------------------------|-------------------------|
| 01 Outbreak or possible outbreak | 04 Cluster of Events      | 07 Other, specify _____ |
| 02 Case Report                   | 05 Sensitive Event        |                         |
| 03 Toxic Exposure                | 06 Artifact (false alarm) |                         |

**CRITICAL EVENT DATE:** \_\_\_\_\_

Number of persons reported ill: \_\_\_\_\_ Attack Rate: \_\_\_\_\_  
Number of persons hospitalized: \_\_\_\_\_  
Number of reported deaths: \_\_\_\_\_  
Estimated number of persons exposed/at risk: \_\_\_\_\_

**SUSPECTED LOCATION OF EXPOSURE:**

In state       Out of State       Out of Country   
County: \_\_\_\_\_      State: \_\_\_\_\_      Country: \_\_\_\_\_

**GENERAL CATEGORY: (circle 2-digit code)**

- |   |   |
|---|---|
| 01 Infectious Disease                     | 05 Environmental Hazard (noninfectious) |
| 02 Special Syndrome (Reye, Kawasaki, GBS) | 06 Occupational Hazard (noninfectious)  |
| 03 Injury/Trauma                          | 08 Other, specify: _____                |
| 04 Chronic Disease                        | 09 Unknown                              |

**SUSPECT MODE OF TRANSMISSION: (circle 2-digit code)**

- |           |                                 |                           |
|-----------|---------------------------------|---------------------------|
| 01 Food   | 04 Air                          | 07 Environmental Exposure |
| 02 Water  | 05 Person-to-person             | 08 Worksite Exposure      |
| 03 Vector | 06 Medical Procedure/Medication | 09 Other, specify: _____  |

What is the specific suspect vehicle (product) or vector? \_\_\_\_\_

\_\_\_\_\_

**EXPOSURE SETTING/POPULATION AT RISK: (circle 2-digit code)**

- |                                   |                            |   |
|-----------------------------------|----------------------------|---|
| 01 Camp                           | 09 Immigrant/Alien         | 18 Institution/Prison   |
| 02 Childcare                      | 10 Military Base/Camp      | 19 Healthcare Facility/Hospital/<br>Clinic/Medical Care Site/<br>Nursing/Long Term Care |
| 03 Church/Temple                  | 12 Occupational/Workplace  |   |
| 04 Club/Health Spa                | 14 Resort/Hotel            |   |
| 05 Disaster (natural or man-made) | 15 Restaurant/Food Service | 88 Other, specify   |
| 06 General Community              | 16 School/College          | 99 Unknown  |
| 07 Home/Private Gathering         | 17 Catered Event           |   |

**SPECIFIC CAUSE: (circle 3-digit code)**

- |  |                              |                                  |
|--|------------------------------|----------------------------------|
| 151 AGI*   | 048 Hepatitis, NANB          | 103 Reye Syndrome                |
| 056 AIDS   | 012 Hepatitis (unspecified)  | 105 Rheumatic Fever              |
| 104 Amebiasis                                    | 106 Influenza                | 025 Rocky Mountain Spotted Fever |
| 217 ARI**  | 049 Legionellosis            | 020 Rubella                      |
| 001 Aseptic Meningitis                           | 038 Hansen Disease (Leprosy) | 100 Salmonella, serotype: _____  |
| 152 Bacillus cereus                              | 039 Leptospirosis            | 225 Scabies                      |
| 053 Botulism, foodborne                          | 158 Listeriosis              | 160 Scombrototoxin               |
| 002 Brucellosis                                  | 108 Lyme disease             | 101 Shigellosis                  |
| 102 Campylobacteriosis                           | 013 Malaria                  | 200 Silicosis                    |
| 003 Chickenpox                                   | 050 Measles (indigenous)     | 161 S. Aureus                    |
| 153 Ciguatoxin                                   | 051 Measles (imported)       | 219 S. Aureus - MRSA***          |
| 154 C. perfringens                               | 016 Meningococcal infection  | 162 Strep group A                |
| 155 Cryptosporidiosis                            | 018 Mumps                    | 032 Syphilis                     |
| 004 Diphtheria                                   | 555 Norwalk-Like Virus       | 021 Tetanus                      |
| 156 E. coli O157:H7                              | 019 Pertussis                | 052 Toxic Shock Syndrome         |
| 005 Encephalitis, primary                        | 044 Plague                   | 027 Trichinosis                  |
| 218 Fifth Disease                                | 041 Polio, (paralytic)       | 022 Tuberculosis                 |
| 157 Giardiasis                                   | 045 Psittacosis              | 023 Tularemia                    |
| 029 Gonorrhea                                    | 159 Pseudomonas              | 024 Typhoid Fever                |
| 011 Hepatitis A                                  | 034 Rabies (animal)          | 026 Typhus (murine)              |
| 010 Hepatitis B                                  | 046 Rabies (human)           | 047 V. cholerae - 01             |
| 777 Environmental hazard or toxin: specify _____ |                              | 226 V. cholerae non-01           |
| 888 Other, specify _____                         |                              | 163 V. parahaemolyticus          |

**999 Unknown**

\*Acute Gastrointestinal Illness of unknown etiology

\*\*Acute Respiratory Illness of unknown etiology

\*\*\*Methicillin-resistant Staphylococcus aureus (MRSA)

**LEVEL OF INVESTIGATION BY LOCAL AGENCY:**

- |  |   |                                |
|--|---|--------------------------------|
| 01 Received report                           | 04 Onsite visit or assistance               | 06 Referred to Regional office |
| 02 Handled by other person/office/agency     | 05 Primary responsibility for investigation |                                |
| 03 Consultation is provided by phone or mail | Responsible agency: _____                   |                                |

SHADED AREAS TO BE COMPLETED BY REGIONAL OFFICE

**LEVEL OF INVESTIGATION**

**REGION:** \_\_\_\_\_

01 Received report	03 Consultation provided by phone or mail	05 Primary responsibility for investigation
02 Handled by other person/office/agency	04 Onsite visit or assistance	06 OTHER: _____


**STATUS OF REPORT: Check one:**    Provisional     Administratively Closed     Final\*

**Comments:**

\_\_\_\_\_

**Form completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*A summary/write-up must be included.  
Revised 12/03

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## Sample Letter to Parents, Cryptosporidiosis Notification at Beginning of Outbreak<sup>(10)</sup>

DATE

*[first, last name]*

*[Street address]*

*[City, State, Zip]*

Dear *[last name]* Family:

Recently there have been a number of cases of Cryptosporidiosis (referred to as Crypto) in our community. Crypto is a parasitic disease that can cause loose, watery diarrhea, stomach cramps, nausea, and a slight fever. Crypto can be spread by swallowing water (either from swimming or drinking) or food contaminated by human feces, usually from tiny amounts that cannot be seen. It can also be spread from person to person, especially in settings such as homes and child care centers where diapers are changed regularly.

Children and pregnant women should take special care to avoid the dehydration from diarrhea caused by Crypto. Consult a health care provider for information on preventing dehydration. If you or your child are ill with Crypto, avoid close contact with persons with weakened immune systems (i.e., those undergoing cancer treatment or persons with HIV/AIDS) because if they become infected, Crypto can become a life-threatening disease.

To prevent the spread of the disease, everyone should thoroughly wash their hands after using the bathroom or changing diapers, and before preparing or eating food. Because Crypto can be spread so easily through water, persons infected with Crypto should avoid swimming while having diarrhea and for 2 weeks after the diarrhea stops. *Swimming should be avoided even if the pool is properly chlorinated because Crypto is highly resistant to chlorine.*


If you or anyone in your family has had these symptoms recently, please contact *[Name]* Health Department at *[phone number]*. If any of you have diarrhea, please consult your healthcare provider for a diagnosis and let him/her know about your potential connection with this Crypto outbreak. We are working to determine the source of this outbreak and your help can be of great use. Thank you for your cooperation.

We have attached a fact sheet with frequently asked questions to provide you with further information on Crypto.

Sincerely,

*[Name]*

*[Title]*

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## Sample Letter to Parents: Cryptosporidiosis Notification to Pool Member Families<sup>(10)</sup>

DATE

*[first, last name]*

*[Street address]*

*[City, State, Zip]*

Dear *[last name]* Family,

Recently there have been a number of cases of Cryptosporidiosis (referred to as Crypto) in our community. Crypto is a parasitic disease that can cause loose, watery diarrhea, stomach cramps, nausea, and a slight fever. Crypto can be spread by swallowing water (either from swimming or drinking) or food contaminated by human feces, usually from tiny amounts that cannot be seen. It can also be spread from person to person, especially in settings such as homes and daycare centers where diapers are changed regularly.

Most cases of Crypto have been linked to swimming at the *[name swimming pool(s)]*. We have also determined that some persons have been infected through contact with persons who swam in the *[name]* pool. This indicates that Crypto is spreading through our community. Because Crypto can be spread so easily through water, anyone who is infected should avoid swimming while having diarrhea and for 2 weeks after the diarrhea stops. Persons with diarrhea should not swim in pools or water parks because this can spread Crypto to those areas. *Swimming should be avoided even if the pool is properly chlorinated because Crypto is highly resistant to chlorine.*

In addition, everyone should thoroughly wash their hands after using the bathroom or changing diapers, and wash their hands before preparing or eating food.

Children and pregnant women should take special care to avoid the dehydration from diarrhea caused by Crypto. Consult a health care provider for information on preventing dehydration. If you or your child are ill with Crypto, avoid close contact with persons with weakened immune systems (i.e., those undergoing cancer treatment or persons with HIV/AIDS) because if they become infected, Crypto can become a life-threatening disease.

If you or anyone in your family has had these symptoms recently, please contact *[Name]* Health Department at *[phone number]*. If any of you have diarrhea, please consult your healthcare provider for a diagnosis and let him/her know about your potential connection with this Crypto outbreak.


We have attached a fact sheet with frequently asked questions to provide you with further information on Crypto.

Thank you for your cooperation.

Sincerely,

*[Name]*

*[Title]*

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## Sample Letter to Parents of Children in Childcare Center Exposed to Cryptosporidiosis<sup>(10)</sup>

DATE

*[first, last name]*

*[Street address]*

*[City, State, Zip]*

Dear *[last name]* Family:

Recently there have been a number of cases of Cryptosporidiosis (referred to as Crypto) in our community. Crypto is a parasitic disease that can cause loose, watery diarrhea, stomach cramps, nausea, and a slight fever. It can be spread by swallowing water (either from swimming or drinking) or food contaminated by human feces, usually from tiny amounts that cannot be seen. It can also be spread from person to person, especially in settings such as homes and daycare centers where diapers are changed regularly.

The *[Name]* Health Department has received a confirmed report of Crypto infection in a child attending *[name of childcare center]*. If your child has any of these symptoms, please contact *[Name]* Health Department at *[phone number]*. It is important to stop the spread of Crypto immediately, since young children can have more severe illness than others. Please keep your child at home if he or she is sick with Crypto or has diarrhea so that it will not spread to other children.

Children and pregnant women should take special care to avoid the dehydration from diarrhea caused by Crypto. Consult a health care provider for information on preventing dehydration. If you or your child are ill with Crypto, avoid close contact with persons with weakened immune systems (i.e., those undergoing cancer treatment or people with HIV/AIDS) because if they become infected, Crypto can become a life-threatening disease.

To prevent the spread of the disease, everyone should thoroughly wash their hands after using the bathroom or changing diapers, and before preparing or eating food. Because Crypto can be spread so easily through water, people infected with Crypto should avoid swimming while having diarrhea and for 2 weeks after the diarrhea stops. *Swimming should be avoided even if the pool is properly chlorinated because Crypto is highly resistant to chlorine.*


If you or anyone in your family has had these symptoms recently, please contact *[Name]* Health Department at *[phone number]*. If any of you have diarrhea, please consult a healthcare provider for a diagnosis and let him/her know about your potential connection with this Crypto outbreak

We have attached a fact sheet with frequently asked questions to provide you with further information on Crypto. Thank you for your cooperation.

Sincerely,

*[Name]*

*[Title]*

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## Sample Letter to Childcare Center: Crypto Notification<sup>(10)</sup>

DATE

*[first, last name]*

*[Street address]*

*[City, State, Zip]*

Dear *[name of childcare center]*,

Recently there have been a number of cases of Cryptosporidiosis (referred to as Crypto) in our community. Crypto is a parasitic disease that can cause loose, watery diarrhea, stomach cramps, nausea, and a slight fever. Crypto can be spread by swallowing water (either from swimming or drinking) or food contaminated by human feces, usually from tiny amounts that cannot be seen. It can also be spread from person to person, especially in settings such as homes and childcare centers where diapers are changed regularly.

Children and pregnant women should take special care to avoid the dehydration from diarrhea caused by Crypto. They should consult a health care provider for information on preventing dehydration. If persons in your childcare center are ill with Crypto, they should avoid close contact with persons with weakened immune systems (i.e., those undergoing cancer treatment or people with HIV/AIDS) because if they become infected, Crypto can become a life-threatening disease.

To prevent the spread of the disease, symptomatic children and teachers from the center should be excluded until *diarrhea* stops. Everyone should thoroughly wash their hands after using the bathroom or changing diapers, and before preparing or eating food. Because Crypto can be spread so easily through water, persons infected with Crypto should avoid swimming while having diarrhea and for 2 weeks after the diarrhea stops. *Swimming should be avoided even if the pool is properly chlorinated because Crypto is highly resistant to chlorine.*


If you or anyone in your childcare center has had these symptoms recently, please contact *[Name]* Health Department at *[phone number]*. If you or anyone in your child care center has diarrhea, please consult a healthcare provider for a diagnosis and let him/her know about your potential connection with this Crypto outbreak. We are working to determine the source of this outbreak and your help can be of great use.

We have attached a fact sheet with frequently asked questions to provide you with further information on Crypto.

Sincerely,

*[Name]*

*[Title]*

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## Sample Letter to Pool Operators: For Pool(s) identified in Cryptosporidiosis Outbreak Investigation<sup>(10)</sup>

DATE

*[first, last name]*

*[Street address]*

*[City, State, Zip]*

Dear **[name of pool operator or other contact]**,

An outbreak of Cryptosporidiosis (referred to as Crypto) is occurring in our community. Several cases have been confirmed, by laboratory testing, and upon investigation we have traced the outbreak to your pool(s). This is a serious occurrence and we will need your full cooperation to stop the spread of Crypto through your pool(s) to the community.


Crypto is a parasitic disease that can cause loose, watery diarrhea, stomach cramps, nausea, and a slight fever. It can be spread by swallowing water (either from swimming or drinking) or food contaminated by human feces, usually from tiny amounts that cannot be seen. It can also be spread from person to person, especially in settings such as daycare centers where diapers are changed regularly.

Children and pregnant women should take special care to avoid the dehydration from diarrhea caused by Crypto. They should consult a health care provider for information on preventing dehydration. If you or your child are ill with Crypto, avoid close contact with persons with weakened immune systems (i.e., those undergoing cancer treatment or persons with HIV/AIDS) because if they become infected, Crypto can become a life-threatening disease.

To prevent the spread of the disease, everyone should thoroughly wash their hands after using the bathroom or changing diapers, and before preparing or eating food. Because Crypto can be spread so easily through water, persons infected with Crypto should avoid swimming while having diarrhea and for 2 weeks after the diarrhea stops. Swimming should be avoided even if the pool is properly chlorinated because Crypto is highly resistant to chlorine.

To help stop the outbreak, please follow these directions:

- Put up signs in public areas warning patrons against swimming if they have had diarrhea within the past two weeks.
- Send out letters to pool members (template provided).
- Talk to the local health department about what prevention steps to take.
- Post the Six “P-L-E-As” for Healthy Swimming and hand out the Recreational Water Illnesses Brochure <http://www.cdc.gov/healthyswimming.htm>

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- Please do not share membership with other pool facilities during your pool's closing; this can cause the outbreak to spread from your pool(s) to other pools.
- Further information for pool operators can be found on the web at <http://www.cdc.gov/healthyswimming.htm>
- For more information on avoiding Crypto and other infectious diseases while swimming, please go to <http://www.cdc.gov/healthyswimming>.

We have attached a fact sheet with frequently asked questions to provide you with further information on Crypto.

If any of your pool's patrons have had these symptoms recently, please have them contact [Name] Health Department at [phone number]. If any of your patrons have diarrhea, they should consult their healthcare provider for a diagnosis and let the provider know about their potential connection with this Crypto outbreak.

Thank you for your cooperation.

Sincerely,  
*[Name]*  
*[Title]*