Appendix 1- Case Definitions and Incubation Periods

Table 1: Case definitions by disease and province

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| Disease | Province | Case Definition |
| Campylobacteriosis | British Columbia | Laboratory confirmation of infection with/without symptoms:   * Isolation of *Campylobacter* from an appropriate clinical specimen.​ |
| Alberta | Laboratory confirmation of infection with or without clinical illness:   * Isolation of *Campylobacter* species from an appropriate clinical specimen (e.g., stool and blood). |
| Ontario | Laboratory confirmation of *Campylobacter* spp. with or without clinically compatible signs and symptoms:   * Isolation of *Campylobacter* spp. by culture from an appropriate clinical specimen (e.g. stool, urine, body fluids). |
| Cryptosporidiosis | British Columbia | Laboratory confirmation of infection with/without symptoms from an appropriate clinical specimen (stool, intestinal fluid, or small bowel biopsy):   * Demonstration of *Cryptosporidium* oocysts OR * Detection of *Cryptosporidium* by PCR OR * Demonstration of *Cryptosporidium* antigen by an approved method (e.g. EIA, immunochromatic – ICT) |
| Alberta | Laboratory confirmation of infection with or without clinical illness from an appropriate clinical  specimen (e.g., stool, intestinal fluid or small bowel biopsy):   * Demonstration of *Cryptosporidium* oocysts OR * Detection of *Cryptosporidium* nucleic acid (e.g., PCR) in an appropriate clinical specimen OR * Detection of *Cryptosporidium* antigen by an approved method (e.g., EIA). |
| Ontario | Laboratory confirmation of infection, with or without clinically compatible signs and symptoms, from an appropriate clinical specimen (e.g., stool, intestinal fluid, small bowel biopsy):   * Demonstration of *Cryptosporidium* oocysts; OR * Detection of *Cryptosporidium* deoxyribonucleic acid (DNA); OR * Demonstration of *Cryptosporidium* antigen by an approved method (e.g., enzyme immunoassay [EIA], immunochromatographic test [ICT]). |
| Cyclosporiasis | British Columbia | Laboratory confirmation of infection with/without symptoms from stool, duodenal/jejunal aspirate, or small bowel biopsy:   * Demonstration of *Cyclospora* sp. oocysts OR * Detection of *Cyclospora* sp. by PCR |
| Alberta | Laboratory confirmation of infection with or without clinical illness:   * Detection of *Cyclospora* cayetanensis oocytes in stool, duodenal/jejunal aspirate or small bowel biopsy |
| Ontario | Laboratory confirmation of infection, with or without clinically compatible signs and symptoms, from an appropriate clinical specimen (e.g., stool, duodenal/jejunal aspirate, small bowel biopsy):   * Demonstration of *Cyclospora* cayetanensis (C. cayetanensis) oocysts (by morphologic criteria) or *Cyclospora* deoxyribonucleic acid (DNA), by polymerase chain reaction (PCR) |
| Giardiasis | British Columbia | Laboratory confirmation of infection with/without symptoms from stool, duodenal fluid, or small bowel biopsy specimen:   * Demonstration of *Giardia* lamblia OR * Demonstration of *Giardia* lamblia antigen OR * Detection of *Giardia* lamblia by PCR |
| Alberta | Laboratory confirmation of infection with or without clinical illness:   * Microscopic detection of *Giardia* trophozoites and/or cysts in stool, duodenal fluid or duodenal/small bowel biopsy specimens, OR * Detection of *Giardia* antigen in stool by a *Giardia*-specific immunodiagnostic test (e.g., EIA), OR * Detection of *Giardia* nucleic acid (e.g., PCR) in an appropriate clinical specimen (e.g., stool, fluid or tissue). |
| Ontario | Laboratory confirmation of infection, with clinically compatible signs and symptoms, from an appropriate clinical specimen (e.g., stool, duodenal fluid, small bowel biopsy):   * Demonstration of *Giardia* lamblia (*G*. lamblia) cysts or trophozoites OR * Demonstration of *G*. lamblia antigen by an approved method (e.g., enzymeimmunoassay [EIA], immunochromatographic test [ICT]) OR * Detection of *Giardia* deoxyribonucleic acid (DNA) |
| Salmonellosis | British Columbia | Laboratory confirmation of infection with/without symptoms:   * Isolation of a *Salmonella* sp. from an appropriate clinical specimen |
| Alberta | Laboratory confirmation of infection with or without clinical illness:   * Isolation of a *Salmonella* sp. (excluding *S*. Typhi / Paratyphi) from an appropriate clinical specimen (e.g., stool, urine, blood, sterile site, deep tissue wound). |
| Ontario | Laboratory confirmation of infection with or without clinically compatible signs and symptoms:   * Isolation of *Salmonella* spp. by culture (excluding *Salmonella* Typhi or Paratyphi) from an appropriate clinical specimen (e.g., sterile site, blood, stool, urine) |
| Shigellosis | British Columbia | Laboratory confirmation of infection with/without symptoms:   * Isolation of *Shigella* sp. from an appropriate clinical specimen |
| Alberta | Laboratory confirmation of infection with or without clinical illness:   * Isolation of *Shigella* species from an appropriate clinical specimen (e.g., sterile site, deep tissue wounds, stool, vomit or urine). |
| Ontario | Laboratory confirmation of infection with or without clinically compatible signs and symptoms:   * Isolation of *Shigella* spp. by culture from an appropriate clinical specimen (e.g., stool, rectal swab) |
| STEC infection | British Columbia | Laboratory confirmation of infection in a patient with or without clinical illness:   * Isolation of *E. coli* O157\* from a clinical specimen OR * Detection of shiga toxin gene by PCR\*\* from a clinical specimen   \*All *E. coli* O157, including shiga toxin gene positive and negative are included  \*\*Includes cases infected with Shiga toxin producing *E. coli* non-O157 |
| Alberta | Laboratory confirmation of infection with or without clinical illness:   * Isolation of Shiga-toxin -producing *Escherichia coli* (includes but not limited to O157:H7) from an appropriate clinical specimen (e.g., feces, urine, blood) OR * Detection of Shiga-toxin antigen or nucleic acid in an appropriate clinical specimen. |
| Ontario | Laboratory confirmation of infection with or without clinically compatible signs and symptoms:   * Isolation Shiga-toxin producing Escherichia coli (STEC) by culture from an appropriate clinical specimen (e.g., stool, urine, blood) |
| Yersiniosis | British Columbia | Laboratory confirmation of infection with/without symptoms:   * Isolation of *Yersinia* sp. from an appropriate clinical specimen |
| Alberta | Laboratory confirmation of infection with or without clinical illness:   * Isolation of *Yersinia* spp. (except pestis) from an appropriate clinical specimen (e.g., stool) or food; |
| Ontario | Laboratory confirmation of infection with or without clinically compatible signs and symptoms:   * Isolation of *Yersinia* spp. by culture (except pestis and biotype 1A) from an appropriate clinical specimen (e.g. stool, blood, urine) |

Extracted from these sources on October 15, 2021:

BC: http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions

AB: https://www.alberta.ca/notifiable-disease-guidelines.aspx

ON: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph\_standards/infdispro.aspx

Table 2: Incubation Period Ranges by Disease for FNC Sentinel Sites, 2015-2019.

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| **Year** | **Site** | **Campylobacteriosis** | **Cryptosporidiosis** | **Cyclosporiasis** | **Giardiasis** | **Salmonellosis (non-typhoidal)** | **Shigellosis** | **STEC Infection** | **Yersiniosis** |
| 2015 | ON2 | "in the 10 days prior to onset of illness" | 1-12 | 2-14 | 3-25 | "in the 3 days prior to the onset of your illness" | 0.5-4 | "in the 10 days prior to the onset of your illness" | 3-10 |
| BC | 1-10 | 1-12 | 1-14 | 3-25 | 0.25-3 | 0.5-4 | 2-10 | Up to 10 |
| AB | 1-10 | 1-12 | 2-7 | 3-25 | 1-16 | 1-4 | 1-10 | 3-7 |
| 2016 | ON3, 4 | 1-10 | 1-12 | 2-14 | 3-25 | 0-3 | 0.5-4 | 1-10 | 3-7 |
| BC | 1-10 | 1-12 | 1-14 | 3-25 | 0.25-3 | 0.5-4 | 2-10 | Up to 10 |
| AB | 1-10 | 1-12 | 2-7 | 3-25 | 1-16 | 1-4 | 1-10 | 3-7 |
| 2017 | ON | 1-10 | 1-12 | 2-14 | 3-25 | 0-3 | 0.5-4 | 1-10 | 3-10 |
| BC | 1-10 | 1-12 | 1-14 | 3-25 | 0.25-3 | 0.5-4 | 2-10 | Up to 10 |
| AB | 1-10 | 1-12 | 2-7 | 3-25 | 1-7 | 1-4 | 1-10 | 3-7 |
| 2018 | ON | 1-10 | 1-12 | 2-14 | 3-25 | 0-3 | 0-4 | 2-10 | 3-11 |
| BC | 1-10 | 1-12 | 1-14 | 3-25 | 0.25-3/1-75 | 0.5-4 | 1-10/2-106 | 1-10 |
| AB | 1-10 | 1-12 | 2-7 | 3-25 | 1-7 | 1-4 | 1-10 | 3-7 |
| 2019 | ON | 1-10 | 1-12 | 2-14 | 3-25 | 0.25-3 | 0.5-4 | 2-10 | 3-11 |
| BC | 1-10 | 1-12 | 1-14 | 3-25 | 1-7 | 0.5-4 | 2-10 | 1-10 |
| AB | 1-10 | 1-12 | 2-7 | 3-25 | 1-7 | 1-4 | 1-10 | 3-7 |

1It appears that initially there was a single enteric follow-up form. There was a chart embedded into the questionnaire that referenced incubation periods. All incubation period s for 2014 are from this chart.

2Questionnaires state "in incubation period " for most questions. Where there was a question with a time frame more clearly expressed, it was provided. The Ontario site had copies of some Ontario Standardized questionnaires from 2015. If the wording from the Standardized questionnaire was used, it was noted.

3If incubation period specifically noted on questionnaire, then this was used, even if question wording different (e.g., incubation period noted as 1-10 days, but question wording is 'in the 10 days before illness').

4 Incubation period’s obtained from draft questionnaires.

5August 1, 2018- incubation period changed from 0.25-3 days to 1-7 days

6August 1, 2018- incubation period changed from 1-10 days to 2-10 days