



## INTERVENTION BY THE REGIONAL DEPARTMENT OF PUBLIC HEALTH

- The Kativik Regional Government (KRG) and the *ministère du Développement durable, de l'Environnement, de la Faune et des Parcs (MDDEFP)* have been informed of the situation. The KRG has checked on the application of norms at the potable-water treatment plant in the initial village and is searching for the parasite's presence on that site as well as upstream and downstream (domestic reservoirs). The communities' water-supply systems are equipped with UV irradiation equipment with the exception of Kuujuaq, Aupaluk and Ivujivik, where work on meeting the norms is currently under way;
- Laboratory analyses are under way to identify the subspecies of *Cryptosporidium* in question, which could lead to documentation of a source of the initial infection;
- An epidemiological questionnaire was designed and used with the cases;
- The records of all cases in the most-affected village were examined in order to establish a better description of the disease and the nature of the care required;
- A pamphlet and radio messages were produced and distributed to the CLSCs for use by local interveners;
- Information was directly broadcast over local FM radio in the two villages most affected.

## RECOMMENDATION FOR CLINICIANS

Screen for cryptosporidiosis among individuals with symptoms of prolonged or recurrent enteritis.

### The laboratory tests to be carried out are as follows

- Stool culture;
- Search for ova and parasites according to usual method (SAF fixative);
- Additional specimen of fresh stool to search for *Cryptosporidium*, taken according to memo circulated November 1, 2013 (minimum quantity 10 ml).

### Treatment

- Support: liquid and electrolyte replacement;
- Clinical studies are under way to document the efficiency of various antiparasitic agents against *Cryptosporidium* infection; there is currently no approved medication against cryptosporidiosis in Canada.

### Surveillance

- Fill out the epidemiological questionnaire with the patient and return it by fax to the Nunavik Department of Public Health at **1-866-867-8026**, or **(819) 964-2814**.

### Prevention et control

- Health-care environments: rigorously apply hygiene measures, including hand washing, cleaning and disinfection of surfaces;
- Withdrawal from work: personnel handling food and providing care; return to work is possible 48 hours after symptoms disappear;
- Exclude from day-care: children with diarrhea (see Chapter V, page 141 of the *MSSS 2001 Guide d'intervention Prévention et contrôle des infections dans les services de garde à l'enfance* (Intervention guide for the prevention and control of infections in day-cares)); return to day-care is possible according to the criteria listed in the same chapter;
- Instruct the patient not to use swimming pools until two weeks after symptoms disappear;
- Inform patient of the importance of washing hands with soap and water.

### Sources

- Santé et services sociaux. Prévention et contrôle des infections dans les services de garde à l'enfance : guide d'intervention. 2011. MSSS.
- APHA. Control of Communicable Diseases Manual. David L. Heyman, éditeur. 19<sup>th</sup> Edition, 2008.
- Lévesque, Benoit, Microbiological quality of blue mussels (*Mytilus edulis*) in Nunavik, Québec: a pilot study. *Can J. Microbiol.* 56: 968-077 (2010)
- Tropical Infectious Diseases, Guerrant et al, 2<sup>e</sup> Edition 2006

### Reported cases of cryptosporidiosis (MADO), Nunavik 2013 (21-11-2013) Number of cases per week according to date of specimen

