Use this form only for outbreaks that are determined NOT to be foodborne.

# Person-to-Person Viral Gastroenteritis Outbreak Report Form

***Instructions:*** *Please complete this report form for all person-to-person viral gastroenteritis outbreaks. Be sure to fill in all fields to ensure completeness of the report. Completing this report will meet Threat Preparedness grant requirements and reporting elements needed for evaluation of how outbreaks are investigated throughout WV. Once completed, please email it to Melissa. A. Scott @wv.gov or fax to the Division of Infectious Disease Epidemiology at 304-558-8736.*

Outbreak number: Region:

Contact information for person who first notified health department about the outbreak:

Reported By: Date Reported: Click here to enter a date.

Date investigation initiated by the agency: Click here to enter a date.

Name(s) Report Prepared By: County:

Title(s): Telephone:

**INTRODUCTION AND BACKGROUND *(This section is what was reported in the initial outbreak call)***

At the time of the **initial** report:

|  |  |
| --- | --- |
| **# of Ill Residents/Attendees** |  |
| **Total # of Residents/Attendees** |  |
| **# of Ill Staff** |  |
| **Total # of Staff** |  |

Facility name: Name of Facility Contact:

Facility address:

Facility type: Nursing home Assisted living School Other, specify:

Date of first onset: Click here to enter a date. Date of most recent case: Click here to enter a date.

# METHODS

**Case Definitions** *(check definition used for this outbreak)***:**

Probable Case Definition

2 or more episodes of vomiting or 3 or more episodes of diarrhea in a 24 hour period. *(For Healthcare Facilities)*

Vomiting or two or more episodes of diarrhea in a 24 hour period *(For School/General Settings)*

Confirmed Case Definition

Meets probable case definition and is laboratory confirmed

## Investigation Methods (check all that apply):

Spoke with infection preventionist Visited facility

Defined & Identified Cases Conducted interviews or survey Collected specimens

## Data Analysis:

Confirmed diagnosis or lab results Performed environmental assessment Reviewed charts or other documents Other (specify):

Descriptive (e.g. Epi Curve, attack rates) Analytic Study (e.g. case-control or cohort study) Other (specify):

**RESULTS** *Attach any epi curve and/or other data analysis. (T****o be completed at time of outbreak closure)***

|  |  |
| --- | --- |
| **Residents/Attendees** | **Staff** |
| Final Number of residents/attendees ill\*: |  | Final Number of staff ill\*: |  |
| Total number of residents/attendees: |  | Total number of staff: |  |

\*Number who meets probable or confirmed case definition used for outbreak

Division of Infectious Disease Epidemiology

350 Capitol St., Room 125, Charleston, WV, 25304 Page 1

Phone: (304) 558-5358; Fax: (304) 558-8736; Answering Service (304) 925-9946 Updated February 2016



|  |  |
| --- | --- |
| Onset Date of First Case: Click here to enter a date. | Onset Date of Last Case: Click here to enter a date. |

**Clinical Illness Characteristics: Predominant Symptoms** *(check all that apply)***:**

|  |  |
| --- | --- |
| **#** **cases**  | **#** **cases**  |
| Fever | Diarrhea |
| Nausea | Abdominal Cramps |
| Vomiting | Myalgia |
| Headache | Other, specify |

Average duration of illness (specify days): Number of individuals admitted to a hospital:

Number of individuals who died:

|  |
| --- |
| Number of cases in each age group |
| < 1 yr |  | 20-49 yrs |  |
| 1-4 yrs |  | 50-74 yrs |  |
| 5-9 yrs |  | ≥ 75 yrs |  |
| 10-19 yrs |  | Unknown |  |

|  |  |
| --- | --- |
| Sex | Number ofcases |
| Male |  |
| Female |  |

**Laboratory** *(attach copies of any laboratory results*

|  |  |
| --- | --- |
| # specimens tested  | # positive for Norovirus (unknown genotype) |
| # positive for Norovirus GI  | # positive for Norovirus GII |
| Other Results:  |  |

# CONCLUSION/DISCUSSION

A person-to person outbreak of occurred at facility that affected

 residents/attendees and staff members. Illness onsets ranged from Click here to enter a date. to Click here to enter a date. . cases were hospitalized and deaths occurred. The average duration of illness was days.

# RECOMMENDATIONS

During this outbreak, the following recommendations were made to control this outbreak and prevent similar future outbreaks: (check all that apply)

Emphasize hand hygiene

Exclude ill staff or attendees from work Environmental cleaning

Consider closing to new admissions Discontinue group activities

Discourage use of anti-motility medications during outbreaks

# Additional Comments:

Cohort staff Restrict visitation Cohort ill residents

Serve meals in rooms Use contact precautions

Other, specify:

Division of Infectious Disease Epidemiology

350 Capitol St, Room 125, Charleston, WV, 25301 Page 2

Phone: (304) 558-5358; Fax: (304) 558-8736; Answering Service (304) 925-9946