

West Virginia Bureau for Public Health Hand, Foot, and Mouth Disease (HFMD) Outbreak Report Form

Instructions: Please complete this report form for all HFMD outbreaks. Be sure to fill in all fields to ensure completeness of the report. Sharing a copy of this report with the facility will aid the facility in prevention and control efforts. Local Health Departments are encouraged to complete this report and give a copy to the facility at the earliest possible time, i.e., before the outbreak is 'over,' so that the facility has adequate recommendations for outbreak control.

The outbreak may be closed administratively as soon as the report is generated and shared with the facility. HFMD outbreaks are generally benign; and the daycare does NOT need to report additional cases after the outbreak is closed unless they are associated with medical complications (hospitalization, myocarditis, encephalitis, etc.). Please fax completed forms to the Division of Infectious Disease Epidemiology (DIDE) at (304)-558-8736.

Outbreak number:			
Contact information for per	son who first no	otified health dep	artment about the outbreak:
Reported by:	Affiliation:		
Date Reported: Click here to	o enter a date.		
Person Contacted:	_ Affiliation:		
Date investigation initiated	by the agency:	Click here to ente	<u>r a date.</u>
Name(s) Report Prepared	Ву:	Title(s):	
County:	Region:		Telephone:

INTRODUCTION AND BACKGROUND

At the time of the initial report:

# of III Attendees	# of III Staff	
Total # of Attendees	Total # of Staff	

Facility name: _____ Facility address: Name of Facility Contact:

Date of first onset: <u>Click here to enter a date.</u> Date of most recent case: <u>Click here to enter a date.</u>

METHODS

Case Definitions (check definitions used for this outbreak):

Confirmed Case Definition

Tiny blisters in two or more body sites (palms, soles, mouth, or buttocks) and laboratory confirmed enterovirus by PCR or culture; or epidemiological link to a confirmed case

□ Probable Case Definition

Tiny blisters in two or more body sites (palms, soles, mouth, or buttocks) and physician diagnosed HFMD

Suspect Case Definition

Tiny blisters in two or more body sites (palms, soles, mouth, or buttocks) and pending laboratory or physician confirmation

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Investigation Methods (check all that apply):

 \Box Spoke with administrator

 \Box Site visit

□Conference call with facility

Defined & identified cases

Data Collection (Check all that apply):

□Line list □Facility report of cases

□Other, please specify:

Data Analysis:

Descriptive (e.g. Epi Curve, attack rates)

□Other, please specify: _____

□Conducted interviews or survey

 \Box Confirmed diagnosis

 \Box Performed environmental assessment

□Other, specify: _____

RESULTS Attach any epidemic curve and/or other data analysis (Section is to be completed at time of outbreak closure)

□ The number of cases has not changed from the initial report. Please see "Introduction and Background"

Final # of III Attendees*:		Final # of III Staff*:	
Total # of Attendees:	Т	otal # of Staff:	

*Number who meet probable or confirmed case definition used for outbreak

Clinical Illness Characteristics: Predominant Symptoms (Check all that apply):

Fever	🗆 Runny Nose
Sore Throat	Crankiness
Cough	□ Mouth Sores
Diarrhea	□ Tiny Blisters (Vesicles)

Laboratory (attach copies of any laboratory results):

Was laboratory testing done?	□No	□Yes	If yes, please describe results	
□Other results				

CONCLUSION/DISCUSSION

A person-to-person outbreak of HFMD occurred at _____ that affected _____ attendees and _____ staff members. Illness onsets ranged from <u>Click here to enter a date.</u> to <u>Click here to enter a date.</u>

Additional Information, if needed:

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RECOMMENDATIONS

The following recommendations should be used to help control the outbreak:

□ Children with HFMD do not need to be excluded unless the child cannot participate, or staff determine that they cannot care for the child safely without compromising the safety of other children in the group. Excessive drooling may be challenging to manage in some children. If the child meets other exclusion criteria according to daycare policy, the child should be excluded.

□ Hand hygiene is extremely important in daycare settings. Hand hygiene facilities, soap and towels and waste receptacles should be readily accessible in each room. Wash hands:

- Before and after preparing food or beverages.
- Before and after eating, handling food, or feeding a child.
- Before and after giving medication or applying a medical ointment or cream in which a break in the skin (sore, cut, scrape, etc.) may be encountered.
- Before and after playing in water (including swimming) used by more than one person
- After checking a diaper for wetness or soiling or diapering or changing soiled training pants or underwear.
- After using the toilet or helping a child use the toilet.
- After handling body fluid (including mucus, blood, vomit) or after sneezing, wiping and blowing noses, mouths, or touching or cleaning sores.
- After handling uncooked food.
- After playing in sand, on wooden play sets, and outdoors.
- After cleaning or handling the garbage.

□ Cough etiquette is also very important in daycare settings. Staff should:

- Model appropriate behavior by coughing and sneezing into their sleeves or a tissue and discard the tissue and wash hands afterwards.
- Teach children to do the same when age appropriate.
- Make tissues and waste receptacles readily available and within reach of staff.
- Practice and teach hand hygiene after coughing or sneezing or wiping or blowing nose.

□ Increase environmental cleaning using a US Environmental Protection Agency (EPA) registered disinfectant or a hospital grade disinfectant. Concentrate on frequently touched surfaces. Detailed recommendations can be found in reference 1.

ADDITIONAL RECOMMENDATIONS

□ Provide educational in-service to staff on ____

□ Improve timeliness of reporting to the local health department. Outbreaks should be reported immediately to:

□ Other, please specify: _____

□ Other, please specify: _____

Additional Comments:

References: American Academy of Pediatrics, "Managing Infectious Diseases in Child Care and Schools." 2017.

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