WEST VIRGINIA BUREAU FOR PUBLIC HEALTH

Hand, Foot, and Mouth Disease (HFMD) Outbreak Report Form

Instructions

Complete this report form for every HFMD outbreak. Sharing a copy of the report with the facility helps the facility with prevention and control efforts. **Local health departments are encouraged to complete this report and give a copy to the facility as early as possible (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 or school does **not** need to report additional cases after the outbreak is closed unless the cases are associated with medical complications (hospitalization, myocarditis, encephalitis, etc.).

Submit completed forms by fax to the Office of Epidemiology and Prevention Services (OEPS) at (304) 558-8736, or by email to your state outbreak contact.

REPORT INFORMATION

Outbreak number			
Person who first notified the health department about the outbreak			
Reported by		**Affiliation**	
Date reported			
Investigation			
Person contacted		**Affiliation**	
Date investigation initiated by the agency			
Report prepared by			
Name(s)		**Title(s)**	
County		**Region**	
Telephone			

INTRODUCTION AND BACKGROUND

At the time of the initial report:

# of ill attendees		**# of ill staff**	
Total # of attendees		**Total # of staff**	

Facility name		**Name of facility contact**	
Date of first onset		**Date of most recent case**	

METHODS

Case Definitions *(check the definitions used for this outbreak)*

☐ **Confirmed case definition**

Tiny blisters on one or more body sites (palms, soles, mouth, or buttocks) and either laboratory-confirmed enterovirus by PCR or culture, OR physician-diagnosed HFMD

☐ **Probable case definition**

Tiny blisters on one or more body sites (palms, soles, mouth, or buttocks)

Investigation Methods *(check all that apply)*

☐ Spoke with administrator
☐ Site visit
☐ Conference call with facility
☐ Defined and identified cases
☐ Conducted interviews or survey
☐ Confirmed diagnosis
☐ Performed environmental assessment
☐ Other, specify: _____

Data Collection *(check all that apply)*

☐ Line list
☐ Other, specify: _____
☐ Facility report of cases

Data Analysis *(check all that apply)*

☐ Descriptive (e.g., epi curve, attack rates)
☐ Other, specify: _____

RESULTS

Complete this section at the time of outbreak closure. *Attach any epidemic curve and/or other data analysis.*

☐ The number of cases has not changed from the initial report. See "Introduction and Background."

Final # of ill attendees*		**Final # of ill staff***	
Total # of attendees		**Total # of staff**	

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

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

- ☐ Fever
- ☐ Sore throat
- ☐ Cough
- ☐ Diarrhea
- ☐ Runny nose
- ☐ Crankiness
- ☐ Mouth sores
- ☐ Tiny blisters (vesicles)

Laboratory *(attach copies of any laboratory results)*

Was laboratory testing done?	☐ No ☐ Yes
If yes, describe results	
☐ **Other results**	

Additional Information *(if needed)*

RECOMMENDATIONS

Use the following recommendations to help control the outbreak:

☐ **Exclusion.** 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 under the daycare's policy, the child should be excluded.

☐ **Hand hygiene.** Hand hygiene is extremely important in daycare settings. Hand hygiene facilities, soap, 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, diapering, or changing soiled training pants or underwear.
- After using the toilet or helping a child use the toilet.
- After handling body fluids (including mucus, blood, and vomit), or after sneezing, wiping and blowing noses, wiping 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.** Cough etiquette is also very important in daycare settings. Staff should:

- Model appropriate behavior by coughing and sneezing into their sleeves or a tissue, then discarding the tissue and washing their hands.
- 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, sneezing, or wiping or blowing the nose.

☐ **Environmental cleaning.** Increase environmental cleaning using a U.S. 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 an educational in-service to staff on: _____

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

☐ Other, specify: _____

☐ Other, specify: _____

CONCLUSION/DISCUSSION

A person-to-person outbreak of HFMD occurred at _____ that affected ____ attendees and ____ staff members. Illness onsets ranged from to .

Additional Comments

References

1. American Academy of Pediatrics. *Managing Infectious Diseases in Child Care and Schools*. 2017.