

Person-to-Person Gastroenteritis Outbreak Report Form

Instructions: Please complete this report form for all person-to-person 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 West Virginia. Once completed, please email it to your designated outbreak lead at the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Epidemiology and Prevention Services, Division of Infectious Disease Epidemiology.

Outbreak number: _____ Region: _____
 Contact information for person who first notified health department about the outbreak:
 Reported by: _____ Date reported: _____
 Date investigation initiated by the agency: _____
 Name(s) report prepared by: _____ Title(s): _____
 County: _____ Phone: _____

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

At the time of the initial report:

Residents/Attendees		Staff	
Initial number of residents/attendees ill:		Initial number of staff ill:	
Total number of residents/attendees:		Total number of staff:	

Facility name: _____ Name of facility contact: _____
 Facility address: _____
 Facility type: Nursing home Assisted living School Other, specify: _____
 Date of first onset: _____ Onset date of last case: _____

RECOMMENDATIONS

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

- | | |
|--|---|
| <input type="checkbox"/> Emphasize hand hygiene
<input type="checkbox"/> Exclude ill staff or attendees from work
<input type="checkbox"/> Environmental cleaning
<input type="checkbox"/> Consider closing to new admissions
<input type="checkbox"/> Discontinue group activities
<input type="checkbox"/> Discourage use of anti-motility medications during outbreaks | <input type="checkbox"/> Cohort staff
<input type="checkbox"/> Restrict visitation
<input type="checkbox"/> Cohort ill residents
<input type="checkbox"/> Serve meals in rooms
<input type="checkbox"/> Use contact precautions
<input type="checkbox"/> Other, specify: _____ |
|--|---|

METHODS

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

Probable Case Definition

- Multiple episodes of vomiting or multiple episodes of diarrhea in a 24-hour period.

Confirmed Case Definition

- Meets probable case definition and is laboratory confirmed.

Investigation Methods *(check all that apply):*

- | | |
|--|--|
| <input type="checkbox"/> Spoke with infection preventionist
<input type="checkbox"/> Visited facility
<input type="checkbox"/> Defined and identified cases
<input type="checkbox"/> Conducted interviews or survey
<input type="checkbox"/> Collected specimens | <input type="checkbox"/> Confirmed diagnosis or lab results
<input type="checkbox"/> Performed environmental assessment
<input type="checkbox"/> Reviewed charts or other documents
<input type="checkbox"/> Other (specify): _____ |
|--|--|

Data Analysis:

- 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. (To 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

Clinical Illness Characteristics: Predominant Symptoms:

Number of cases with each symptom			
Fever:		Other: _____	
Diarrhea:		Other: _____	
Vomiting:		Other: _____	

Average duration of illness (specify days): _____

Number of individuals who died: _____

Number of individuals admitted to a hospital: _____

Number of cases in each age group			
< 1 yr		10-17 yrs	65-74 yrs
1-4 yrs		18-49 yrs	>75 yrs
5-9 yrs		50-64 yrs	Unknown

Number of cases in each gender	
Male	
Female	
Unknown	
Other	

Laboratory (attach copies of any laboratory results including any special methods such as Whole Genome Sequencing)

Test Information	
Total # samples tested	
# samples tested positive via CIDT	
# samples culture-confirmed	

Pathogen Detection Information	
Pathogen 1	
Pathogen 2	

CONCLUSION/DISCUSSION

A person-to-person outbreak of _____ occurred at _____ facility that affected _____ residents/attendees and _____ staff members. Illness onsets ranged from _____ to _____. _____ cases were hospitalized and _____ deaths occurred. The average duration of illness was _____ days.

Additional Comments: