

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: _____ Title(s): _____
 County: _____ 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):

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

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

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
<input type="checkbox"/> Fever	_____	<input type="checkbox"/> Diarrhea	_____
<input type="checkbox"/> Nausea	_____	<input type="checkbox"/> Abdominal Cramps	_____
<input type="checkbox"/> Vomiting	_____	<input type="checkbox"/> Myalgia	_____
<input type="checkbox"/> Headache	_____	<input type="checkbox"/> 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 of cases
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)

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

Additional Comments: