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:

<table>
<thead>
<tr>
<th># of Ill Residents/Attendees</th>
<th>Total # of Residents/Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Ill Staff</td>
<td>Total # of Staff</td>
</tr>
</tbody>
</table>

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
- □ Confirmed diagnosis or lab results
- □ Performed environmental assessment
- □ Reviewed charts or other documents
- □ 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)

<table>
<thead>
<tr>
<th>Residents/Attendees</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Number of residents/attendees ill*:</td>
<td>Final Number of staff ill*:</td>
</tr>
<tr>
<td>Total number of residents/attendees:</td>
<td>Total number of staff:</td>
</tr>
</tbody>
</table>

*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):

<table>
<thead>
<tr>
<th>Symptom</th>
<th># cases</th>
<th>Symptom</th>
<th># cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td></td>
<td>Diarrhea</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
<td>Abdominal Cramps</td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
<td>Myalgia</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td>Other, specify</td>
<td></td>
</tr>
</tbody>
</table>

Average duration of illness (specify days): __________
Number of individuals admitted to a hospital: _____  Number of individuals who died: _____

<table>
<thead>
<tr>
<th>Number of cases in each age group</th>
<th></th>
<th>Sex</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 yr</td>
<td>20-49 yrs</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>1-4 yrs</td>
<td>50-74 yrs</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>5-9 yrs</td>
<td>≥ 75 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-19 yrs</td>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
- Cohort staff
- Restrict visitation
- Cohort ill residents
- Serve meals in rooms
- Use contact precautions
- Other, specify: __________

Additional Comments: