**Final Reporting Form for Suspected or Confirmed   
Norovirus or Other Gastroenteritis Outbreaks**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **General Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outbreak Number: | | | | KY\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | Today’s Date: | | | | | | | \_\_\_/\_\_\_/\_\_\_\_\_\_\_ | | | | | | | |
| County: | | |  | | | | | | | | | | | | Region: | | | | |  | | | | | | | | | |
| Local Health Department: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Primary contact person for epidemiologic investigation: | | | | | |  | | | | | | | | | | Telephone: |  | | | | | | | | | | | | |
| LHD Nurse  (if different from above): | | | | | |  | | | | | | | | | | Telephone  (if different from above): |  | | | | | | | | | | | | |
| LHD Environmentalist  (if different from above): | | | | | |  | | | | | | | | | | Telephone  (if different from above): |  | | | | | | | | | | | | |
| Regional Epidemiologist  (if different from above): | | | | | |  | | | | | | | | | | Telephone  (if different from above): |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Outbreak Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Onset date of first case: | | | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | | | | | | | | | | Onset date of last case: | | | | | | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | | | | | | |
| Date LHD Notified: | | | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility/Establishment Name (if applicable): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Setting of exposure (long-term care, etc.): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | County: | | |  | | | | | | | | Zip Code: | | | | |  | | | | | | |
| **Case Classification:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Case Definition: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Investigation Methods: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary Case Counts:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male: | | |  | | | | | | | Percent Male: | | | | | | | | | | | |  | | | | | | |
| Female: | | |  | | | | | | | Percent Female: | | | | | | | | | | | |  | | | | | | |
| Unknown: | | |  | | | | | | | Percent Unknown: | | | | | | | | | | | |  | | | | | | |
| Total: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Laboratory Confirmed Primary Cases: | | | | | | | | | |  | | | Number Died: | | | | | | | | | | | | | |  | |
| Number of Probable Primary Cases: | | | | | | | | | |  | | | Number Hospitalized: | | | | | | | | | | | | | |  | |
| Number of Suspect Primary Cases: | | | | | | | | | |  | | | Number Visited Emergency Room: | | | | | | | | | | | | | |  | |
| Estimated Total Primary Cases: | | | | | | | | | |  | | | Number Visited Health Care Provider: | | | | | | | | | | | | | |  | |
|  | | | | | | | | | |  | | | Number with information available: | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Laboratory Confirmed Secondary Cases: | | | | | | | | | |  | | | Number of Laboratory Confirmed Tertiary Cases: | | | | | | | | | | | | | | |  |
| Number of Probable Secondary Cases: | | | | | | | | | |  | | | Number of Probable Tertiary Cases: | | | | | | | | | | | | | | |  |
| Number of Suspect Secondary Cases: | | | | | | | | | |  | | | Number of Suspect Tertiary Cases: | | | | | | | | | | | | | | |  |
| Estimated Total Secondary Cases: | | | | | | | | | |  | | | Estimated Total Tertiary Cases: | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Attack Rates:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of ill residents/persons (*x1*) | | | | | | | | |  | | | | | Total Number of Residents/Exposed Persons ( *y1*) | | | | | | | | | | | |  | | |
| Resident Attack Rate % (*x1/y1* x 100) | | | | | | | | | | | | | | % | | | | | | | | | | | | | | |
| Number of ill staff/persons (*x2*) | | | | | | | | |  | | | | | Total Number of Staff Employed at the Facility ( *y2*) | | | | | | | | | | | |  | | |
| Staff Attack Rate % (*x2/y2* x 100) | | | | | | | | | | | | | | % | | | | | | | | | | | | | | |
| **Illness Characteristics:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Predominant Symptoms (check those that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Diarrhea □ Nausea □ Vomiting □ Fever □ Abdominal Cramps  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Average Incubation Period: (specify hours or days) | | | | | | | | | | | | | | |  | | | | | Median: | | | | |  | | | |
| Average Duration of Illness: (specify hours or days) | | | | | | | | | | | | | | |  | | | | | Median: | | | | |  | | | |

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| **Laboratory Information:** | | | | | | |
| Number of Stool Specimens Collected: | | |  | | Number of Stool Specimens Positive: |  |
| Number of Vomitus Specimens Collected: | | |  | | Number of Vomitus Specimens Positive: |  |
| Number of Blood Specimens Collected: | | |  | | Number of Blood Specimens Positive: |  |
|  | | | | | | |
| Lab Testing Conducted by: (lab testing facility, e.g. LabCorp, DLS) | |  | | | | |
|  | | | | | | |
| Tested for Bacteria: | □ Yes □ No | | Pathogen: | |  | |
| Results: |  | | Testing Method: | |  | |
| Tested for Viruses: | □ Yes □ No | | Pathogen: | |  | |
| Results: |  | | Testing Method: | |  | |
| Tested for Ova and Parasites: | □ Yes □ No | | Pathogen: | |  | |
| Results: |  | | Testing Method: | |  | |
| Tested for Toxins: | □ Yes □ No | | Toxins: | |  | |
| Results: |  | | Testing Method: | |  | |
| Number of paired acute and convalescent serum specimens collected: | | |  | Pathogen: |  | | |
| Results: |  | | | | | |
|  | | | | | | |
| Food Samples Collected? | □ Yes □ No | | Tested? | | □ Yes □ No | |
| Describe specimens: | | | | | | |
| Pathogen: |  | | | Results: |  | |
| Water Samples Collected? | □ Yes □ No | | Tested? | | □ Yes □ No | |
| Pathogen: |  | | | Results: |  | |
| Describe specimens: | | | | | | |
| Comments: | | | | | | |

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| **Control Measure Information** |
| Infection Control Recommendations: (Describe actions taken to limit the spread of illness to others) |
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| Environmental Assessment Information: (Describe findings of Environmental Assessment, if conducted. Include any recommendations made by Sanitarian during the assessment.) |
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| **Analysis of Outbreak Response** |
| **Strengths:** |
| 1. |
| 2. |
| 3. |
|  |
| **Areas for Improvement:** |
| 1. |
| 2. |
| 3. |

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| **Additional Comments:** |
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| **Epidemic Curve** |
| (insert epidemic curve for outbreak here) |
| Please send a copy of this completed form to the Reportable Disease Section at the Kentucky Department for Public Health. |