**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. |