**Initial Reporting Form For Suspected Or Confirmed   
Norovirus Or Other Gastroenteritis Outbreaks**

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| **General Information** | | | | | | | | | | | | | | | | | | |
| Today’s Date: | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | | | | | | County: | | |  | | | Region: | | |  | | |
| Local Health Department: | | Outbreak # KY: \_\_\_\_- \_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Primary Contact for 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): | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Facility/Establishment Information** | | | | | | | | | | | | | | | | | | |
| Facility/Establishment Name (if applicable): | | | | | | | | |  | | | | | | | | | |
| Facility/Establishment Type: | | | |  | | | | | | | | | | | | | | |
| Facility/Establishment Contact Person: | | | | | |  | | | | | | | | | | | | |
| Facility/Establishment Phone Number: | | | | | |  | | | | | | Fax Number: | | |  | | | |
| Facility/Establishment Location: | | | | | City: |  | | | | | | County: | | |  | | | |
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| **Outbreak Information** | | | | | | | | | | | | | | | | | | |
| Date index case became ill? | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | | | | | | | Index case = resident, staff, visitor, or other? | | | | | | | |  |
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| Number of ill residents/persons today(*x1*): | | | | | | | |  | | | | Number of Ill Staff today(*x2*): | | | | |  | |
| Total Number of residents/persons (*y1*): | | | | | | | |  | | | | Total Number of Staff (*y2*): | | | | |  | |
| Resident/Persons Attack Rate % (*x1/y1 x 100*) | | | | | | | |  | | | | Staff Attack Rate % (*x2/y2 x 100*) | | | | |  | |
|  | | | | | | | | | | | | | | | | | | |
| **Illness Characteristics** | | | | | | | | | | | | | | | | | | |
| List of predominant symptoms: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| List of other symptoms: | | | | | | | | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- |
| Average Duration of Illness (hours or days): | | |  | | | |
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| Number of Residents/Persons Admitted to the Hospital: | | |  | Number of Staff Admitted to the Hospital: | |  |
| Number of Residents/Persons seen by a Healthcare Provider: | | |  | Number of Staff seen by a Healthcare Provider: | |  |
| Number of Residents/Persons who have died: | | |  | Number of Staff who have died: | |  |
|  | | | | | | |
| Case Definition: | | | | | | |
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| Control Measures Implemented (Provide a brief description of control measures being implemented by the facility) | | | | | | |
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| Environmental Assessment: | | | | | | |
| Conducted: | □ Yes □ No | Date (conducted/will be conducted) | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | |
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| **Review of Guidelines to Limit Transmission** | | | | | | |
| **General Prevention of GI Illness:**   * Practice good hand hygiene. Wash hands frequently with soap and water. Alcohol-based sanitizing hand gel (> 62% ethanol content) may be used to complement hand washing with soap and water. * Wash fruits and vegetables and cook all foods thoroughly * Promptly refrigerate prepared foods * When sick, do not prepare food or care for others who are sick. * Clean and disinfect contaminated surfaces * Avoid recreational water venues while symptomatic and for the appropriate time after symptoms have resolved   **Food Handlers, Healthcare Workers, and Child Care Workers**   * Exclude from food handling, patient care, and childcare during the acute phase of illness and for at least 3 days after symptoms have resolved. * Inform environmental health specialist at the LHD or at KDPH Reportable Disease Section if a food handler has been excluded.   **Child Care Center or School Outbreaks**   * Contact the Regional Child Care Health Consultant assigned to the county where the outbreak is occurring to advise them of the outbreak and to coordinate information sharing and control measures. * Exclude child until asymptomatic and for at least 24 hours after symptoms resolve * Recommend supervised hand washing of all children in the classroom/childcare center, if handwashing practices are questionable. * Inform parents of outbreak by sending email messages, letters, or signage. * Clean and disinfect diapering area and potty chairs after each use and bathroom toilets, sinks, toys, desks/tables, and other high-touch areas at least daily and when soiled. * Clean and sanitize mouthed toys, objects, and surfaces at least daily and when soiled. * Encourage ill individuals to seek medical care and testing for suspected pathogens.   **Long Term Care Facility/Medical Facility/Institutional Setting Outbreaks**   * Exclude symptomatic individuals until asymptomatic * Suspend group activities (including group meals) * Close facilities/units to new admissions * Advise EMS/hospital/facility when transferring symptomatic persons. * Limit outside visitors * Inform visitors, suppliers, and vendors of outbreak by posting signage around the facility. * Segregate ill individuals from well individuals * Cohort ill individuals, if possible * Avoid cross-coverage of staff between units with illness and without. * Use appropriate contact precautions (Personal Protective Equipment (PPE) – gowns, gloves, and surgical mask, as appropriate). * Clean and disinfect high-touch areas and bathroom surfaces at least daily and when visibly soiled. * Clean and sanitize food/mouth contact items, stainless steel, and food contact surfaces at least daily and when soiled. * Clean and sanitize kitchen, including food prep areas, serving areas, food contact equipment, utensils, bus carts, food transport carts, dining room tables and chairs, and ice machines. * Limit access to ice machines to designated food service staff only. * Recommend environmental health inspect facility and health department personnel educate on appropriate control measures. | | | | | | |
| **Additional LHD Actions** | | | | | | |
| **Please collect appropriate specimens for testing.**  Conduct a site visit with an environmentalist so an inspection can be done. | | | | | | |