**Initial Outbreak Report / Outbreak Number Request Form**

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| **General Information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Outbreak Number:** | | | | | | KY\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | **Today’s Date:** | | |  | | | | | | | | |
| **County:** | | | | | |  | | | | | | | | | **Region:** | | |  | | | | | | | | |
| **Local Health Department:** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Primary contact person for epidemiologic investigation:** | | | | | |  | | | | | | | | | | **Telephone:** | | |  | | | | | | | |
| **Email:** | | |  | | | | | | | |
| **LHD Nurse  (if different from above):** | | | | | |  | | | | | | | | | | **Telephone:** | | |  | | | | | | | |
| **Email:** | | |  | | | | | | | |
| **LHD Environmentalist  (if different from above):** | | | | | |  | | | | | | | | | | **Telephone:** | | |  | | | | | | | |
| **Email:** | | |  | | | | | | | |
| **Regional Epidemiologist  (if different from above):** | | | | | |  | | | | | | | | | | **Telephone:** | | |  | | | | | | | |
| **Email:** | | |  | | | | | | | |
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| **Facility/Establishment Information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is outbreak associated with an event?** | | | | | | | | | | □ Yes □ No  Describe event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| **Is outbreak associated with a facility?** | | | | | | | | | | □ Yes □ No | | | | | | | | | | | | | | | | |
| **Facility/Establishment Name (if applicable):** | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Outbreak Setting Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Long-term Care (e.g., assisted living, skilled nursing, etc.), specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Outpatient Care (e.g., clinic, dialysis, etc.), specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Hospital (e.g., acute care, inpatient psychiatry, etc.), specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Restaurant (e.g., fast food, sit-down, etc.), specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Daycare/Preschool/Early Childhood Education, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ School (K-12), specify grade(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Prison/Correctional Facility, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Other, specify (e.g., camp, church, residence, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Facility/Establishment Contact Person:** | | | | | | | | | |  | | | | | | | **Phone Number:** | | | | | | | |  | |
| **Facility/Establishment Location:** | | | | | | | | | |  | | | | | | | **Fax Number:** | | | | | | | |  | |
| **City:** |  | | | | **County:** | | | | |  | | | | | | | **Zip Code:** | | | | | | | |  | |
| **Illness Characteristics** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Predominant Symptoms (check all that apply):** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gastrointestinal (GI)** | | | **Respiratory (e.g., RSV)** | | | | | | | | | **Hand, Foot, and Mouth (HFM)** | | | | | **Dermatological (e.g., Scabies)** | | | | | | | | | |
| □ Diarrhea  □ Nausea  □ Vomiting  □ Abdominal Cramps | | | □ Runny Nose  □ Decreased Appetite  □ Coughing  □ Sneezing  □ Wheezing | | | | | | | | | □ Mouth Sores  □ Skin Rash, specify: \_\_\_\_\_\_\_\_\_\_ | | | | | □ Pruritus (i.e., itching)  □ Papular Itchy Rash | | | | | | | | | |
| □ Fever, specify maximum temperature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Other Symptoms, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Average Incubation Period: (specify hours or days - *optional*)** | | | | | | | | | | | | |  | | | | | | | **Median:** | | |  | | | |
| **Average Duration of Illness: (specify hours or days - *optional*)** | | | | | | | | | | | | |  | | | | | | | **Median:** | | |  | | | |
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| **Suspected Etiology:** | | | | | | | | | □ Norovirus / Gastrointestinal (GI) Unknown  □ Salmonellosis  □ Shiga toxin-producing *Escherichia* *coli* (STEC)  □ Respiratory Syncytial Virus (RSV)  □ Hand, Foot, and Mouth (HFM)  □ Scabies  □ Varicella / Chicken Pox  □ Healthcare-Associated Infection (HAI)  □ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
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| **Outbreak Information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Onset date of first case:** | | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | | | | | | | **Date LHD Notified:** | | | | | | | | | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | |
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| **Case Classification:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Case Definition:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Control Measures Implemented:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Case Counts:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of Cases:** | | | |  | | | | | | | **Estimated Number of Cases (if exact number unknown):** | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Environmental Assessment:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Conducted:** | | □ Yes □ No | | | | | **Date (conducted/will be conducted)** | | | | | | | | | | | | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Facility-Associated and Other Congregate Setting Outbreaks *(optional)*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Index case = resident, staff, visitor, attendee, or other?** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **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*** | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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:** | | | | | | | | | | | |  |

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| **Review of Guidelines to Limit Transmission** |
| **General Prevention of Illness:**   * Refer to disease-specific guidance provided in the following resources: Reportable Disease Desk Reference (RDDR), The Red Book, etc. Reach out to the appropriate disease consultant for assistance.   **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. |
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| **Additional LHD Actions** |
| **Please collect appropriate specimens for testing.**  Conduct a site visit with an environmentalist so an inspection can be done. |