**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 □ NoDescribe 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):** |  |
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| **Environmental Assessment:**  |
| **Conducted:** | □ Yes □ No | **Date (conducted/will be conducted)** | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |
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| **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*** |  |
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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:** |  |

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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. |