



Initial Outbreak Report / Outbreak Number Request Form

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:	

Facility/Establishment Information			
Is outbreak associated with an event?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Describe event: _____ _____		
Is outbreak associated with a facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Facility/Establishment Name (if applicable):			
Outbreak Setting Type:			
<input type="checkbox"/> Long-term Care (e.g., assisted living, skilled nursing, etc.), specify: _____ <input type="checkbox"/> Outpatient Care (e.g., clinic, dialysis, etc.), specify: _____ <input type="checkbox"/> Hospital (e.g., acute care, inpatient psychiatry, etc.), specify: _____ <input type="checkbox"/> Restaurant (e.g., fast food, sit-down, etc.), specify: _____ <input type="checkbox"/> Daycare/Preschool/Early Childhood Education, specify: _____ <input type="checkbox"/> School (K-12), specify grade(s): _____ <input type="checkbox"/> Prison/Correctional Facility, specify: _____ <input type="checkbox"/> 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)
<input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal Cramps	<input type="checkbox"/> Runny Nose <input type="checkbox"/> Decreased Appetite <input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing <input type="checkbox"/> Wheezing	<input type="checkbox"/> Mouth Sores <input type="checkbox"/> Skin Rash, specify: _____	<input type="checkbox"/> Pruritus (i.e., itching) <input type="checkbox"/> Papular Itchy Rash
<input type="checkbox"/> Fever, specify maximum temperature: _____			
<input type="checkbox"/> Other Symptoms, specify: _____			
Average Incubation Period: (specify hours or days - optional)			Median:
Average Duration of Illness: (specify hours or days - optional)			Median:
Suspected Etiology:		<input type="checkbox"/> Norovirus / Gastrointestinal (GI) Unknown <input type="checkbox"/> Salmonellosis <input type="checkbox"/> Shiga toxin-producing <i>Escherichia coli</i> (STEC) <input type="checkbox"/> Respiratory Syncytial Virus (RSV) <input type="checkbox"/> Hand, Foot, and Mouth (HFM) <input type="checkbox"/> Scabies <input type="checkbox"/> Varicella / Chicken Pox <input type="checkbox"/> Healthcare-Associated Infection (HAI) <input type="checkbox"/> Other, specify: _____	

Outbreak Information			
Onset date of first case:	___/___/___	Date LHD Notified:	___/___/___
Case Classification:			
Case Definition:			

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Control Measures Implemented:			
Case Counts:			
Number of Cases:		Estimated Number of Cases (if exact number unknown):	
Environmental Assessment:			
Conducted:	<input type="checkbox"/> Yes <input type="checkbox"/> 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(x_1):		Number of Ill Staff today(x_2):	
Total Number of residents/persons (y_1):		Total Number of Staff (y_2):	
Resident/Persons Attack Rate % (x_1/y_1) x 100		Staff Attack Rate % (x_2/y_2) 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:	

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.

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- 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.