



Final Reporting Form for Suspected or Confirmed Gastroenteritis Outbreaks

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:			
Date of first case:	__/__/__	Date of last case:	__/__/__
Date LHD Notified:	__/__/__		
Facility/Establishment Name (if applicable):			
City:	County:	Zip Code:	
Case Classification:			
Case Definition:			

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Case Counts:			
Male:		Percent Male:	
Female:		Percent Female:	
Total:			
Number of Laboratory Confirmed Primary Cases:		Number of Laboratory Confirmed Secondary Cases:	
Number of Suspect Primary Cases:		Number of Suspect Secondary Cases:	
Number of Probable Primary Cases:		Number of Probable Secondary Cases:	
Estimated Total Primary Cases:		Estimated Total Secondary Cases:	
Number of Laboratory Confirmed Tertiary Cases:		Number of Deaths:	
Number of Suspect Tertiary Cases:		Number Hospitalized:	
Number of Probable Tertiary Cases:		Number of Healthcare Provider Visits:	
Estimated Total Tertiary Cases:			
Attack Rates:			
Number of ill residents/persons (x_1)		Total Number of Residents/Exposed Persons (y_1)	
Resident Attack Rate % ($x_1/y_1 \times 100$)		%	
Number of ill staff/persons (x_2)		Total Number of Staff Employed at the Facility (y_2)	
Staff Attack Rate % ($x_2/y_2 \times 100$)		%	
Illness Characteristics:			
Predominant Symptoms (check those that apply):			
<input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Fever <input type="checkbox"/> Abdominal Cramps Other _____			
Average Duration of Illness (specify hours or days):			

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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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogen:	
Results:		Testing Method:	
Tested for Viruses:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogen:	
Results:		Testing Method:	
Tested for Ova and Parasites:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogen:	
Results:		Testing Method:	
Tested for Toxins:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Toxins:	
Results:		Testing Method:	
Number of paired acute and convalescent serum specimens collected:		Pathogen:	
Results:			
Food Samples Collected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pathogen:		Results:	
Water Samples Collected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pathogen:		Results:	
Comments:			

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.