**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): |  |
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| **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*) |  |
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| **Illness Characteristics** |
| List of predominant symptoms:  |
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| 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: |  |
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| 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.
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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. |