

### Case and Laboratory Information

Cases-Category	Number of Cases	Total Exposed	Attack Rate
Employees	26	75	34.67%
Residents/Individuals	15	100	15.00%

Organism Tested for:	Norovirus
Number of Specimens Submitted:	
Number of Specimens Positive:	
Percent Postive:	#DIV/0!

\*Sample data shown in table\*

rev. 12/14/23

Kentucky Department for Public Health

GI Outbreak Surveillance Form for Long Term Care Facilities and Healthcare Facilities (Staff)

Facility:	Contact Person:	Telephone:
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CASE DEFINITION: ex: Any resident or staff member working at facility \_\_\_\_\_ in \_\_\_\_\_, who has had (including ongoing) at least 3 or more episodes of vomiting and or diarrhea in 24 hour period between xxx-x - 2024 to xxx- xx - 2024.

No:	Staff Member					Illness			Specimen		
	Name	Gender	Age	Work Location (wing/unit/etc.)	Job Title/Work Function (Nurse, Maintenance, etc.)	Onset Date	Symptoms **	Symptom Duration (Days)	Collected (Y/N)	Collection Date/Date Submitted	Result
1			0.00								
2			0.00								
3			0.00								
4			0.00								
5			0.00								
6			0.00								
7			0.00								
8			0.00								
9			0.00								
10			0.00								
11			0.00								
12			0.00								
13			0.00								
14			0.00								
15			0.00								
16			0.00								
17			0.00								
18			0.00								
19			0.00								
20			0.00								

**Symptoms: A = Abdominal Pain	V = Vomiting M = Myalgia/muscle aches	D = Diarrhea	F = Fever
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**Kentucky Department for Public Health**  
**GI Outbreak Surveillance Form for Long Term Care Facilities and Healthcare Facilities (Residents)**

Facility:	Contact Person:	Telephone:
CASE DEFINITION: ex: Any resident or staff member working at facility _____ in _____, who has had (including on going) at least 3 or more episodes of vomiting and or diarrhea in 24 hour period between xxx-x - 2024 to xxx- xx - 2024.		

No:	Resident						Illness			Specimen		
	Name	Gender	Age	Room #	Wing	Room Type*	Onset Date	Symptoms**	Symptom Duration (Days)	Collected (Y/N)	Collection Date/Date Submitted	Result
1			0.00									
2			0.00									
3			0.00									
4			0.00									
5			0.00									
6			0.00									
7			0.00									
8			0.00									
9			0.00									
10			0.00									
11			0.00									
12			0.00									
13			0.00									
14			0.00									
15			0.00									
16			0.00									
17			0.00									
18			0.00									
19			0.00									
20			0.00									

*Room Types: P = Private	S = Semi-private	M = Multi-bed			
**Symptoms: A = Abdominal Pain	V = Vomiting	D = Diarrhea	N = Nausea	F = Fever	H = Headache
	M = Myalgia/muscle aches				

		Facility:		Contact Person:		Telephone:																						
		Date of Onset for INDEX case:		Date Outbreak Identified:		Date Outbreak Notified to Health Department:																						
		Date of Onset for LAST case:																										
CASE DEFINITION: ex: Any resident or staff member working at facility in , who has had (including on going) at least 3 or more episodes of vomiting and or diarrhea in 24 hour period between xx-xx - 2024 to xx- xx - 2024.																												
No:	Name	Confirmed/Prob	Resident		Illness													Case		Specimen								
			Gender	DOB (M/D/Y)	Age	Work Location	Work Function	Onset Date	Onset Time	Vomiting Yes/No	# of Vomiting Episodes/24 hrs	Diarrhea Yes/No	Bloody Diarrhea Yes/No	# of Diarrhea Episodes/24 hrs	Fever Yes/No	If fever: Max Temp	List other Symptoms	Symptom Duration (Days)	Healthcare Provider Visit Yes/No	Hospitalized Yes/No	Yes/No	Collected (Y/N)	Specimen Source	Collection Date	Date Submitted	Result	Organism	
1					0.00																							
2					0.00																							
3					0.00																							
4					0.00																							
5					0.00																							
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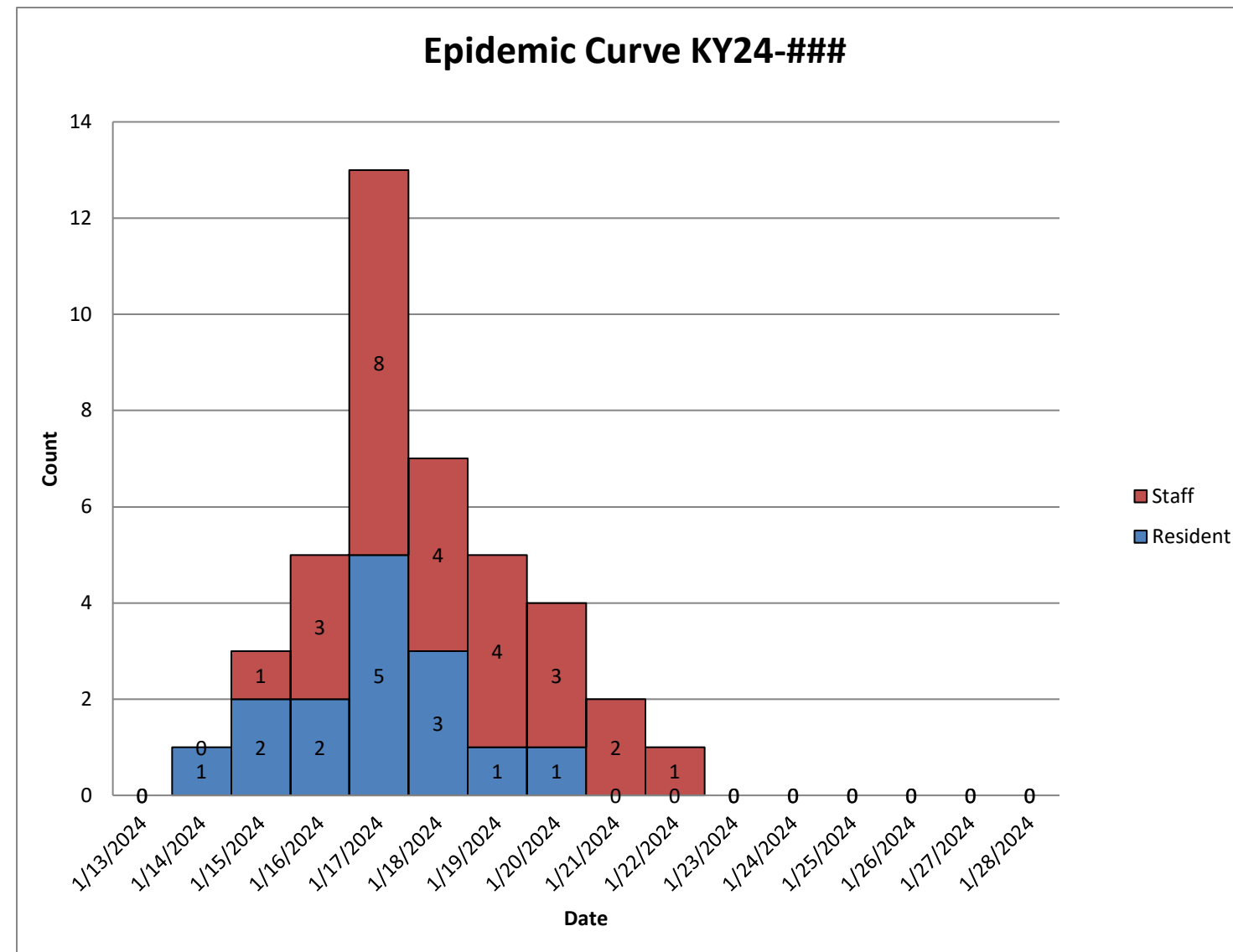
Symptoms: V = Vomiting D = Diarrhea N = Nausea F = Fever H = Headache  
 A = Abdominal Pain M = Myalgia/muscle aches

Facility:		Contact Person:										Telephone:																
Date of Onset for INDEX case:		Date Outbreak Identified:										Date Outbreak Notified to Health Department:																
Date of Onset for LAST case:																												
CASE DEFINITION: ex: Any resident or staff member working at facility _____ in _____, who has had (including on going) at least 3 or more episodes of vomiting and or diarrhea in 24 hour period between xx-xx-2024 to xx-xx-2024.																												
Resident		Illness															Case		Specimen									
No:	Name	Confirmed/	Gender	DOB (M/D/Y)	Age	Room #	Room Type	Wing	Onset Date	Onset Time	Vomiting Yes/No	# of Vomiting Episodes/24 hrs	Diarrhea Yes/No	Bloody Diarrhea Yes/No	# of Diarrhea Episodes/24 hrs	Fever Yes/No	If fever: Max Temp	List other Symptoms	Symptom Duration (Days)	Healthcare Provider Visit Yes/No	Hospitalized Yes/No	Yes/No	Collected (Y/N)	Specimen Source	Collection Date	Date Submitted	Result	Organism
1					0.00																							
2					0.00																							
3					0.00																							
4					0.00																							
5					0.00																							
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Room Types:	P = Private	S = Semi-private	M = Multi-bed
Symptoms:	V = Vomiting	D = Diarrhea	N = Nausea
	A = Abdominal Pain	M = Myalgia/muscle aches	F = Fever
			H = Headache

\*Sample data shown in table\*

Day/Date	Resident	Staff	Proportion
1/13/2024	0	0	0.00%
1/14/2024	1	0	2.44%
1/15/2024	2	1	7.32%
1/16/2024	2	3	12.20%
1/17/2024	5	8	31.71%
1/18/2024	3	4	17.07%
1/19/2024	1	4	12.20%
1/20/2024	1	3	9.76%
1/21/2024	0	2	4.88%
1/22/2024	0	1	2.44%
1/23/2024	0	0	0.00%
1/24/2024	0	0	0.00%
1/25/2024	0	0	0.00%
1/26/2024	0	0	0.00%
1/27/2024	0	0	0.00%
1/28/2024	0	0	0.00%
<b>Total</b>	<b>15</b>	<b>26</b>	<b>100.00%</b>



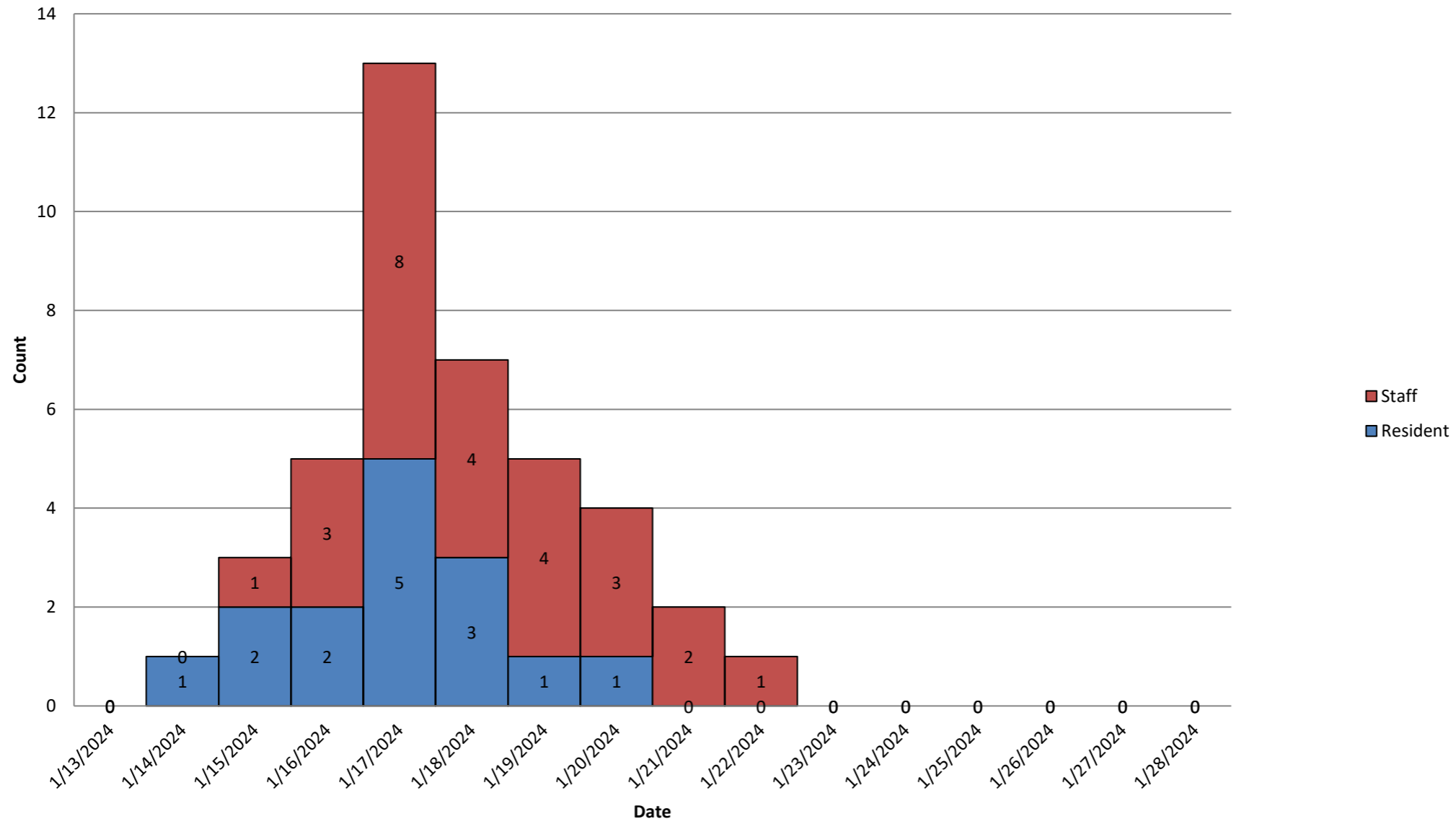
To add additional dates to the table: Highlight the "total" row and/or more rows below the table, right click on the rows, choose insert, rows will insert above the "total" row.

The proportion formula will have to be updated so that the calculations are still correct. The basic formula is (resident +staff)/(resident total+staff total)  
 To do this, click in the cell, type =( then click the corresponding resident cell, then type +, then click the corresponding staff cell, then type )/( then click the resident total cell, then type +, then click the staff total cell, then type ), then hit enter. The formula should look like this: =(RC[-2]+RC[-1])/(R[18]C[-2]+R[18]C[-1])

To update the Epi Curve after adding new rows: Right click on Epi Curve, choose "select data", highlight the area to be included in the graph. Must do the same for the Epi Curve on the "Epi Curve" tab.

**\*\*Remember to include the outbreak # in the title of the Epi Curve.**

### Epidemic Curve KY24-###



\*Sample data shown in graph\*