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:																
	Facility:					Contact Perso	on:	Telephone:								
	CASE DEFINITION: ex: Any resident or staff m	nember workir	ng at facility	in, who ha	s had (including ongoing) at	least 3 or moi	e episodes of vomiting and or diarrhea in 24 h	nour period betw	veen xxx-x - 202	4 to xxx- xx - 2024.						
	Staff Member					Illness			Specimen							
No:	Name	Gender	Age	Work Location (wing/unit/etc.)	Job Title/Work Function (Nurse, Maintenance, etc.)	Onset Date	Symptoms**	Symptom Duration (Days)	Collected (V/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													
	**			V - M			D. Diant.									
	**Symptoms: A = Abdominal Pain			V = Vomiting 1 = Myalgia/muscle ache	S		D = Diarrhea				F = Fever rev. 12/14/23					

Kentucky Department for Public Health GI Outbreak Surveillance Form for Long Term Care Facilities and Healthcare Facilities (Residents) Contact Person: Telephone: Facility: CASE DEFINITION: ex: Any resident or staff member working at facility____ , 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. Illness Specimen Resident Collection Symptom Symptoms** No: Room Type* Onset Date Collected (Y/N) Date/Date Gender Wing Name Age Room # Result Duration (Days) Submitted 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

*Room Types: P = Private	S = Semi-private	M = Multi-bed			
**Symptoms:	V = Vomiting	D = Diarrhea	N = Nausea	F = Fever	H = Headache
A = Abdominal Pain	M = Myalgia/muscle aches				rev. 12/14/23

rev. 12/14/23											GI/Ou	hreak Surveilla	Kentucky nce Form for Long Te		for Public Heal		Staff/Employee	c)									
		Facility:	set for INDEX case	ρ:			Contact Person				diyou	Di eak Jul Vellia	ince form for Long Te	eriii Care raci	inties and flear	ilcare racinties (Telephone: Date Outbreak No	tified to Health [Denartment:							
		Date of Onse	et for LAST case:	:	orking at fac	ility in , who has had (including			es of vomiting a	nd or diarrhea in 24	hour period be	etween xx-xx -	2024 to xx- xx - 2024	1.													
		Resident	Resident Illness																	Case	Specimen						
No: Name	Confirmed/Prba	Gender	DOB (M/D/Y)	Age Work L	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 Ye	es/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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19				0.00																							
20				0.00																							

**Symptoms: V = Vomiting D = Diarrhea N = Nausea F = Fever H = Headache

A = Abdominal Pain M = Myalgia/muscle aches

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		Facility: Date of Onset fo	- INDEV					Contact Person:	1 A16: A			GI	I Outbreak Sur	<mark>veillance Form fo</mark> i	Long Term Care	e Facilities and	Healthcare Fac	Telephone:	Nextification Handah D							
		Date of Onset fo	or LAST case:	at or staff mo	ember working at	facility		Date Outbreak Id		t 2 or more o	pisodes of vomiting a	and or diarrh	es in 24 hour r	nariad hatwaan y	v-vv- 2024 to vv	/- vv - 2024		Date Outbreak	Notified to Health D	Department:						
		DEFINITION: ex:		it of stall life	ember working at	raciiity		Illness	on going) at least		pisodes of volinting a	and or diarrin	ea iii 24 iioui ş	period between x	X-XX- 2024 to XX	(- XX - 2024.				Case	Specimen					
No:	Name Name	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*		t Hospitalized Yes/			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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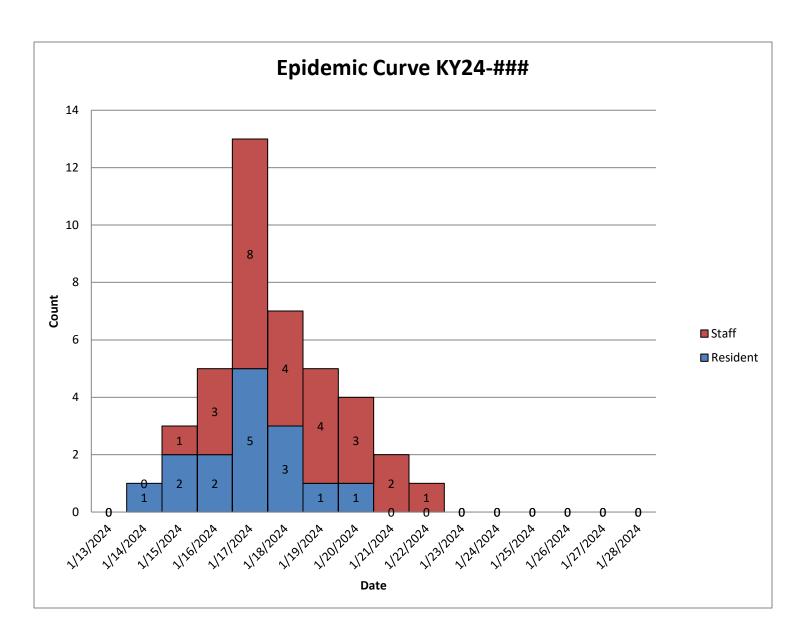
*Room Types: P = Private S = Semi-private M = Multi-bed

**Symptoms: V = Vomiting D = Diarrhea N = Nausea F = Fever H = Headache

A = Abdominal Pain M = Myalgia/muscle aches

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%
Total	15	26	100.00%

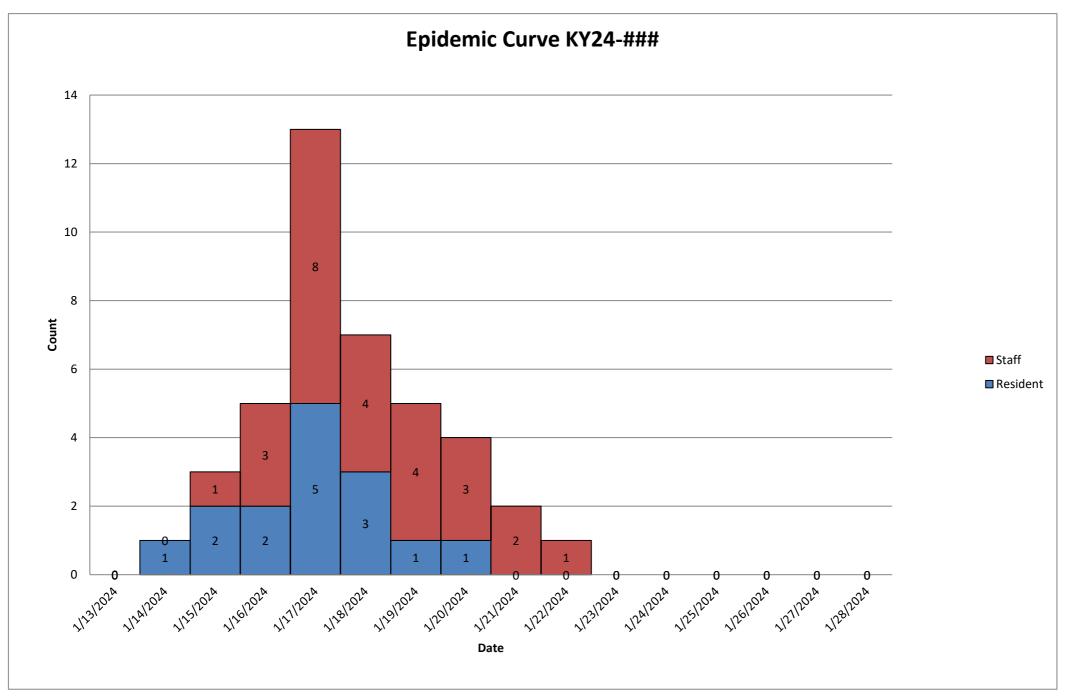


To add additional dates to the table: Highlight the "total" row and/or more rows below the table, right click on the rows, choose insert, rows will insert above the "total" row.

The proportion formula will have to be updated so that the calcuations 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.



^{*}Sample data shown in graph*