



## Final Reporting Form for Suspected or Confirmed Norovirus or Other 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:					
Onset date of first case:	___/___/___		Onset date of last case:	___/___/___	
Date LHD Notified:	___/___/___				
Facility/Establishment Name (if applicable):					
Setting of exposure (long-term care, etc.):					
City:		County:		Zip Code:	
Case Classification:					
Case Definition:					
Investigation Methods:					

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<b>Primary Case Counts:</b>			
Male:		Percent Male:	
Female:		Percent Female:	
Unknown:		Percent Unknown:	
Total:			
Number of Laboratory Confirmed Primary Cases:		Number Died:	
Number of Probable Primary Cases:		Number Hospitalized:	
Number of Suspect Primary Cases:		Number Visited Emergency Room:	
Estimated Total Primary Cases:		Number Visited Health Care Provider:	
		Number with information available:	
Number of Laboratory Confirmed Secondary Cases:		Number of Laboratory Confirmed Tertiary Cases:	
Number of Probable Secondary Cases:		Number of Probable Tertiary Cases:	
Number of Suspect Secondary Cases:		Number of Suspect Tertiary Cases:	
Estimated Total Secondary Cases:		Estimated Total Tertiary Cases:	
<b>Attack Rates:</b>			
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 % ( $x_2/y_2 \times 100$ )		%	
<b>Illness Characteristics:</b>			
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 Incubation Period: (specify hours or days)		Median:	
Average Duration of Illness: (specify hours or days)		Median:	

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<b>Laboratory Information:</b>			
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
Describe specimens:			
Pathogen:		Results:	
Water Samples Collected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pathogen:		Results:	
Describe specimens:			
Comments:			

<b>Control Measure Information</b>
Infection Control Recommendations: (Describe actions taken to limit the spread of illness to others)
Environmental Assessment Information: (Describe findings of Environmental Assessment, if conducted. Include any recommendations made by Sanitarian during the assessment.)
<b>Analysis of Outbreak Response</b>
<b>Strengths:</b>
1.
2.
3.
<b>Areas for Improvement:</b>
1.
2.
3.

