Epidemiology and Disease Control Program
Division of Outbreak Investigation

Outbreak Summary Report for Gastroenteritis at a Hospital

**Case Definition:** a case of gastroenteritis is defined as an employee with diarrhea or vomiting for whom a non-infectious etiology cannot be definitively established; or a patient who does not have a gastrointestinal illness upon admission and who subsequently develops diarrhea and/or vomiting for which a non-infectious etiology cannot be definitely established at least 48 hours after admission. (Exclude C. Difficile positive patients with diarrhea or patients with diarrhea only)

DHMH Outbreak #

Hospital Name: __________________________
Hospital Contact’s Name: __________________________
County __________________________
Date of Summary Report ________________

I. INTRODUCTION
Date outbreak initially reported to LHD ________________
Person reporting outbreak to LHD __________________________
Person(s) at LHD conducting the investigation _____________________________________________
Date LHD reported outbreak to DHMH _________________________________________________
Primary contact person for outbreak at DHMH (Name & phone #) __________________________

II. BACKGROUND
Total number of patient beds at facility ________________
Total number of staff at facility ________________

How was the outbreak initially recognized by the hospital?

☐ An unusually high number of cases among staff, overall?
☐ An unusually high number of cases among staff in a common unit?
☐ Increased surveillance of employee call-outs?
☐ An unusually high number of nosocomially-acquired cases among patients in a common unit?
☐ An unusually high number of nosocomially-acquired cases among patients, overall?
☐ A number of cases that met the outbreak definition given by DHMH .
☐ Other ________________________________

Which hospital unit/department compiles information about hospital employee illness/call-outs?
____________________________________________________________

Are employees who call out ill asked about their symptoms, i.e. respiratory, gastrointestinal, etc.? Yes No Unk

Does the hospital keep baseline statistics on employee call-outs? Yes No Unk
If yes, ☐ Daily Percentages ☐ Weekly Percentages ☐ Monthly Percentages

Does the ICP normally receive information about employee illness/call-outs? Yes No Unk

Did the facility exclude employees for 72 hours after their last episode of diarrhea? Yes No Unk
If no, please explain ________________________________
Did the facility use the DHMH recommended cleaning regimen?  
(cleansing with an EPA registered hospital disinfectant/detergent at least 3x’s a day on all horizontal surfaces of affected patient rooms or cubicles)  
Yes  No  Unk  
If no, please explain ____________________________________________________________  
If no, what cleaning regimen was used? __________________________________________  

Were additional guidelines/guidance issued during the course of the outbreak?  
(Other than DHMH Interim Guidelines for GE in Acute Care Settings)  
☐ If yes, please list:  
__________________________________________________________  
__________________________________________________________  
☐ Please see attached sheet(s)  

Did the hospital provide administrative leave for employees with gastroenteritis?  
Yes  No  Unk  
If yes, how many hours/days _______________?  

III. CLINICAL RESULTS:  

Employees  
<table>
<thead>
<tr>
<th># ill</th>
<th># for whom lab specimens submitted</th>
<th># lab-confirmed</th>
<th># of ER visits related to this outbreak only</th>
<th># of hospital admissions</th>
<th>Onset of First Case</th>
<th>Onset of Last Case</th>
<th># of deaths related to this outbreak</th>
</tr>
</thead>
</table>

Patients (Nosocomial Cases)  
<table>
<thead>
<tr>
<th># ill</th>
<th># for whom lab specimens submitted</th>
<th># lab-confirmed</th>
<th>Onset of First Case</th>
<th>Onset of Last Case</th>
<th># of deaths related to this outbreak</th>
</tr>
</thead>
</table>

*Please include an epi curve for both staff & patients  

<table>
<thead>
<tr>
<th>Employees:</th>
<th>Number With Symptom</th>
<th>Patients:</th>
<th>Number With Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptom</td>
<td></td>
<td>Symptom</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td>Diarrhea</td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
<td>Vomiting</td>
<td></td>
</tr>
<tr>
<td>Abdominal Cramps</td>
<td></td>
<td>Abdominal Cramps</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
<td>Nausea</td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td></td>
<td>Fever</td>
<td></td>
</tr>
<tr>
<td>Bloody Stool</td>
<td></td>
<td>Bloody Stool</td>
<td></td>
</tr>
<tr>
<td>Muscle Aches</td>
<td></td>
<td>Muscle Aches</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td>Headache</td>
<td></td>
</tr>
<tr>
<td>Chills</td>
<td></td>
<td>Chills</td>
<td></td>
</tr>
</tbody>
</table>
List affected hospital units, number of ill staff & patients, and the first and last onset dates or culture dates (depending on the illness) reported among staff members:

### Staff:

<table>
<thead>
<tr>
<th>Affected Wings or Units</th>
<th>Number of ill staff</th>
<th>First and Last Onset Dates</th>
<th>Total Number of Staff In Wing/Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>ex Med Surg/5 West</td>
<td>5</td>
<td>1/2/04 to 1/18/04</td>
<td>60</td>
</tr>
<tr>
<td>ex.ED</td>
<td>3</td>
<td>1/10/04 to 1/15/04</td>
<td>135</td>
</tr>
</tbody>
</table>

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### Patients:

<table>
<thead>
<tr>
<th>Affected Wings or Units</th>
<th>Number of ill patients</th>
<th>First and Last Onset Dates</th>
<th>Total Number of Patient Beds in Wing/Unit</th>
</tr>
</thead>
</table>

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### IV. LABORATORY RESULTS:

Was any laboratory testing performed?  
**Yes**  **No**  **Unk**

**If YES,**

- Was laboratory testing performed in the hospital laboratory?  
  **Yes**  **No**  **Unk**
- Was laboratory testing performed at DHMH laboratories?  
  **Yes**  **No**  **Unk**

<table>
<thead>
<tr>
<th>Kit used</th>
<th>Stools tested for the following agents:</th>
<th>Number Collected by DHMH lab</th>
<th>Number Collected by private lab</th>
<th>Number positive</th>
<th>Agent(s) Identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enteric</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was PFGE testing done?  
**Yes**  **No**  **Unk**

If so, did stools match?  
**Yes**  **No**  **Unk**

Classification- Genogroup & cluster identification

*Ex. Genogroup-II(G-II), Farmington Hills*
V. CONCLUSION(S): (complete either #1a. or #1b., and #2 - 9)

1a. Please list the lab-confirmed etiology of the outbreak:
________________________________________________________________________________________

Is the above etiologic agent consistent with the observed course of this outbreak?  Yes  No  Unk

1b. If an etiology was not lab-confirmed, the etiology of the outbreak is believed to be:
________________________________________________________________________________________
________________________________________________________________________________________

The suspected initial cause of the outbreak was:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. Did the outbreak appear to be spread via (a) person-to-person route or (b) foodborne? (circle one)
(NOTE: If foodborne, please fill out the appropriate “foodborne outbreak” forms (i.e. CDC “Fork & Spoon”)

3. Was there any evidence that infection control or food-handling practices may have been related to the outbreak?  Yes  No  Unk
If YES, please explain briefly
________________________________________________________________________________________
________________________________________________________________________________________

4. Please describe changes (if any) in infection control or food handling practices at the conclusion of the outbreak.
________________________________________________________________________________________
________________________________________________________________________________________

5. If foodborne, was an inspection of the kitchen facilities conducted?  Yes  No  Unk
   Date:  / / ___
   Results of inspection:
   ___________________________________________________________________
   ___________________________________________________________________

6. Did health department staff talk or meet with hospital administrators (other than the ICP) at any point during the outbreak?  Yes  No  Unk
   If yes, date(s):  ___________  ___________  ___________

7. Did health department staff visit the hospital and visually confirm that appropriate measures had been instituted and were being carried out?  Yes  No  Unk
   If yes, date(s):  ___________  ___________  ___________
8. What, if any, problems significantly affected the success of this investigation? (check all that apply)

☐ Delayed notification to hospital ICP
☐ Delayed notification to LHD
☐ Delayed notification from LHD to DHMH
☐ Not enough health department staff available
☐ Weekend/ overtime staffing limits
☐ Lack of cooperation from hospital
☐ Lack of cooperation from cases
☐ Paucity of stool specimens
☐ Jurisdictional ambiguity or disagreement/ turf issues
☐ Lack of coordination between LHD and DHMH
☐ Outbreak scope underestimated
☐ Delayed epi response

9. Please note any other pertinent information.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________