Outbreak Summary Report: GASTROENTERITIS at a LONG-TERM CARE FACILITY

Facility Name __________________________
Facility Contact’s Name __________________________

DHMH Outbreak # ____________
County __________________________
Date of Final Report ____________

I. INTRODUCTION:
Date outbreak initially reported to LHD __________________________
Who reported outbreak to LHD __________________________
Who at LHD conducted the investigation __________________________________________________________
Date infection control recommendations were given to facility by LHD __________________________
Date LHD reported outbreak to DHMH __________________________
Primary contact for outbreak at DHMH (Name & phone #) __________________________

II. BACKGROUND:
Total number of residents at facility ____________
Total number of staff at facility ____________
Type of long-term care facility (i.e. nursing home, assisted living, etc.) __________________________

III. CLINICAL RESULTS:
RESIDENTS: STAFF:
# cases (TOTAL) ________ # cases (TOTAL) ________
# lab-confirmed ________ # lab-confirmed ________
# of hospital admissions ________ # of hospital admissions ________
# of ER visits related to this outbreak only ________ # of ER visits related to this outbreak only ________
# of deaths related to outbreak ________ # of deaths related to outbreak ________

Onset date range for entire facility, i.e. residents and staff (first to last) __________________________
Onset date range for residents only (first to last) __________________________
Onset date range for staff only (first to last) __________________________

-Include an epi curve

Duration of symptoms for cases (range = shortest to longest, & median) __________________________

Was the outbreak limited to one floor or wing? (circle one) YES NO
If YES, please list floor/wing # and/or name __________________________

Outbreak Summary Report: Gastroenteritis at a LTCF
DHMH 4593, November 2001
Symptom frequency for cases:

<table>
<thead>
<tr>
<th></th>
<th>Residents:</th>
<th>Staff:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptom</td>
<td>Number with Symptom</td>
<td>Symptom</td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td>Diarrhea</td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
<td>Vomiting</td>
</tr>
<tr>
<td>Abdominal Cramps</td>
<td></td>
<td>Abdominal Cramps</td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
<td>Nausea</td>
</tr>
<tr>
<td>Fever</td>
<td></td>
<td>Fever</td>
</tr>
<tr>
<td>Bloody Stool</td>
<td></td>
<td>Bloody Stool</td>
</tr>
<tr>
<td>Muscle Aches</td>
<td></td>
<td>Muscle Aches</td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td>Headache</td>
</tr>
<tr>
<td>Chills</td>
<td></td>
<td>Chills</td>
</tr>
</tbody>
</table>

If symptom frequency is unavailable, please list predominant symptoms of this outbreak.

___________________________________________________________________________________________

IV. LABORATORY RESULTS:

<table>
<thead>
<tr>
<th>Kit used</th>
<th>Stools tested for the following agents:</th>
<th>Number collected</th>
<th>Number positive</th>
<th>Agent identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enteric</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viral</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was PFGE testing done? YES NO
If so, did stools match? YES NO

V. CONCLUSION(S): (Please complete either #1a or #1b and #2-7)

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 UNKOWN

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”)

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3. Was there any evidence that infection control or food handling practices may have been related to the outbreak?

YES   NO   UNKNOWN

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. Was an environmental analysis performed?  YES   NO

Date: ______________

Results of the environmental analysis

_____________________________________________________________________________________

_____________________________________________________________________________________

6. What recommendations were issued at the beginning and conclusion of the outbreak investigation?

_____________________________________________________________________________________

_____________________________________________________________________________________

7. Please note any other pertinent information.

_____________________________________________________________________________________

_____________________________________________________________________________________

CC LIST

___________________________________________

LTCF Official: _____________________________ Date Sent: __/__/__