

**Epidemiology and Disease Control Program
Division of Outbreak Investigation**

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

Facility Name _____ DHMH Outbreak # _____
Facility Contact's Name _____ 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:

cases (TOTAL) _____
lab-confirmed _____
of hospital admissions _____
of ER visits related to this
outbreak only _____
of deaths related to outbreak _____

STAFF:

cases (TOTAL) _____
lab-confirmed _____
of hospital admissions _____
of ER visits related to this
outbreak only _____
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 _____

Symptom frequency for cases:

Residents:

Symptom	Number with Symptom
Diarrhea	
Vomiting	
Abdominal Cramps	
Nausea	
Fever	
Bloody Stool	
Muscle Aches	
Headache	
Chills	

Staff:

Symptom	Number with Symptom
Diarrhea	
Vomiting	
Abdominal Cramps	
Nausea	
Fever	
Bloody Stool	
Muscle Aches	
Headache	
Chills	

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

IV. LABORATORY RESULTS:

Kit used	Stools tested for the following agents:	Number collected	Number positive	Agent identified
Enteric				
Miscellaneous				
Viral				
Other_____				

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

UNKNOWN

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 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: __/__/__