

1. FINAL REPORT DATE

**Infectious Disease Epidemiology and Outbreak Response Bureau  
Division of Outbreak Investigation  
Local Health Department Outbreak Summary Report: Gastroenteritis**

The local health department (LHD) is responsible for completing the below report using data from the facility reporting the outbreak (OB). Instructions for fields marked with an \* can be found at the end of the form.

**Sections I through V should be completed for all outbreaks. Additionally:**

- Section VI should be completed for outbreaks in nursing homes or long-term care facilities.
- Section VII should be completed for outbreaks in daycares.
- Section VIII should be completed for outbreaks in schools.

Please note, this report form should NOT be used for foodborne outbreaks. For foodborne outbreaks, please use the NORS form, available here: <https://health.maryland.gov/phpa/Pages/disease-conditions-case-report-forms.aspx#outbrk>

2. FACILITY NAME	3. COUNTY	4. MDH OB #	5. DATE OB CLOSED
6. FACILITY TYPE <input type="checkbox"/> Assisted Living <input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Daycare <input type="checkbox"/> Group Home	<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home	<input type="checkbox"/> K-12 School <input type="checkbox"/> Other:
			7*. REPORT AMENDED? <input type="checkbox"/> No <input type="checkbox"/> Yes #_____

**I. INTRODUCTION**

DATE OUTBREAK REPORTED	REPORTER	REPORTER'S PHONE NUMBER	MAIN CONTACT	MAIN CONTACT'S PHONE NUMBER
8*. FACILITY TO LHD	9. FACILITY REPORTER	10. PHONE NUMBER	11. FACILITY CONTACT <input type="checkbox"/> same as reporter	12. PHONE NUMBER
13*. LHD TO MDH	14. LHD REPORTER	15. PHONE NUMBER	16. LHD CONTACT <input type="checkbox"/> same as reporter	17. PHONE NUMBER
18. MDH INVESTIGATOR		19. MDH INVESTIGATOR'S PHONE NUMBER		

**II. BACKGROUND**

	NON-EMPLOYEES	EMPLOYEES	TOTAL
20. Total number at the facility at the beginning of the outbreak			
21. If OB only affected one unit or class, number at the beginning of the outbreak			
22.* List affected units/floors/wings or classrooms/cohorts (if facility-wide, write "facility-wide"):			

**III. CLINICAL RESULTS**

For this section, counts are the numbers of <u>people</u> , not numbers of <u>tests</u> .	NON-EMPLOYEES	EMPLOYEES	TOTAL
23. Number of ill individuals			
24. Number of lab-confirmed individuals			
24a. Number of individuals for whom specimens were submitted			
25. Number of individuals who visited a primary health care provider			
26. Number of individuals who visited an emergency department			
27. Number of individuals who were admitted to a hospital (for this illness)			
28. Number of individuals who died (from this illness)			

**III. CLINICAL RESULTS CONTINUED**

	NON-EMPLOYEES	EMPLOYEES	TOTAL
29. Earliest symptom onset date			
30. Latest symptom onset date			
31. Number of individuals with the following symptoms:			
31a. Nausea			
31b. Vomiting			
31c. Diarrhea			
31d. Bloody stool			
31e. Abdominal cramps			
31f. Chills			
31g. Fever			
31h. Myalgia			
31i. Headache			
31j. Other (please specify):			
32. DID ANYONE RECEIVE A DIAGNOSIS BY A MEDICAL PROFESSIONAL? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	32a. IF YES, WHAT WAS THE DIAGNOSIS?		

**IV. LABORATORY RESULTS**

33. WAS ANY LABORATORY TESTING DONE? <input type="checkbox"/> Yes <input type="checkbox"/> No (Skip to SECTION V) <input type="checkbox"/> Unknown					
TEST	NON-EMPLOYEE # COLLECTED	NON-EMPLOYEE # POSITIVE	EMPLOYEE # COLLECTED	EMPLOYEE # POSITIVE	AGENT(S) IDENTIFIED
34*. Enteric Culture					
35*. Viral PCR					
36*. Other Foodborne Pathogens					
37*. Other ( )					
38. How many specimens were tested at:	MDH LAB: NON-EMPLOYEE	MDH LAB: EMPLOYEE	OTHER LAB: NON-EMPLOYEE	OTHER LAB: EMPLOYEE	TOTAL NUMBER OF SPECIMENS COLLECTED
39. WAS WHOLE GENOME SEQUENCING DONE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			39a. IF YES, WERE THE SPECIMENS CLOSELY RELATED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

**V. CONCLUSIONS**

40. THE ETIOLOGY OF OB IS: <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	40a. IF CONFIRMED OR SUSPECTED, PROVIDE ETIOLOGY	41. IS THE ETIOLOGIC AGENT CONSISTENT WITH THE OBSERVED COURSE OF THE OUTBREAK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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42. ETIOLOGY IS SUGGESTED BY THE FOLLOWING EPIDEMIOLOGICAL EVIDENCE COLLECTED IN THIS INVESTIGATION

43. WHAT IS THE SUSPECTED ROUTE OF TRANSMISSION (MEANS OR VEHICLE) OF THE INFECTIOUS AGENT?	44. WHAT IS THE SUSPECTED SOURCE OF THE OUTBREAK (BASED ON RESULTS OF CASE INTERVIEWS, ETC.)?	44a. WAS THERE ANY EVIDENCE THAT INFECTION CONTROL OR FOOD HANDLING PRACTICES MAY HAVE BEEN RELATED TO THE OB <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	44b. IF YES, EXPLAIN BRIEFLY
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45. DESCRIBE CHANGES (IF ANY) IN INFECTION CONTROL OR FOOD HANDLING PRACTICES AT THE CONCLUSION OF THE OB

46. WAS AN ENVIRONMENTAL ASSESSMENT PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	46a. IF YES, DATE(S) OF ASSESSMENT
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46b. IF YES, RESULTS OF ENVIRONMENTAL ASSESSMENT

47. WHAT FACILITY RECOMMENDATIONS WERE GIVEN AND WHEN?

48. ADDITIONAL COMMENTS

**VI. HOSPITAL AND LONG-TERM CARE FACILITIES (Complete for hospital/LTC outbreaks only)**

49. NAME OF INFECTION PREVENTIONIST (IP) OR OTHER INDIVIDUAL RESPONSIBLE FOR INFECTION CONTROL	50. PHONE NUMBER	51. HAS IP TAKEN A TRAINING COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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52. HOW WAS THE OUTBREAK INITIALLY RECOGNIZED BY STAFF?

An unusually high number of cases among staff overall

An unusually high number of cases among staff in a common unit

An unusually high number of nosocomially acquired cases among patients overall

An unusually high number of nosocomially acquired cases among patients in a common unit.

Increased surveillance of employee call outs

A number of cases that met the outbreak definition given by MDH

53. WHICH UNIT/DEPARTMENT/INDIVIDUAL COMPILES INFORMATION ABOUT EMPLOYEE ILLNESS/CALL OUTS?	54. ARE EMPLOYEES WHO CALL OUT ILL ASKED ABOUT THEIR SYMPTOMS (I.E. RESPIRATORY, GE, ETC.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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55. DOES THE FACILITY KEEP BASELINE STATISTICS ON EMPLOYEE CALL OUTS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	55a. IF YES, DO THEY TRACK (check all that apply): <input type="checkbox"/> Daily percentages <input type="checkbox"/> Monthly percentages <input type="checkbox"/> Weekly percentages <input type="checkbox"/> Unknown
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56. DID THE FACILITY EXCLUDE EMPLOYEES FOR 48 HOURS AFTER THEIR LAST EPISODE OF DIARRHEA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	56a. IF NO, PLEASE EXPLAIN:	57. DID THE FACILITY USE THE MDH RECOMMENDED CLEANING REGIMEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	57a. IF NO, PLEASE EXPLAIN AND INCLUDE WHICH CLEANING REGIMENT WAS USED:
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58. DID THE FACILITY PROVIDE ADMINISTRATIVE LEAVE FOR EMPLOYEES WITH GASTROENTERITIS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	58a. IF YES, HOW MANY HOURS/DAYS?
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**VII. DAYCARE (Complete for daycare outbreaks only)**

59. TYPE OF DAYCARE <input type="checkbox"/> HOME <input type="checkbox"/> CENTER	59a. IF HOME DAYCARE, NAME OF OPERATOR
60. DID THE DAYCARE FACILITY CLOSE DUE TO THE OB? <input type="checkbox"/> Yes <input type="checkbox"/> No	60a. IF CLOSED, PROVIDE THE DATES OF THE CLOSURE

**VIII. SCHOOL (Complete for K-12 school outbreaks only)**

61. TYPE OF SCHOOL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	
62. DID THE SCHOOL CLOSE DUE TO THE OB? <input type="checkbox"/> Yes <input type="checkbox"/> No	62a. IF CLOSED, PROVIDE THE DATES OF THE CLOSURE

**FURTHER INSTRUCTIONS**

7. If a report has been submitted for this outbreak before, check Yes. Indicate how many times the report has been submitted (for example, if you have submitted it once before and then had to revise and resubmit, you would indicate that this is #2).
8. Date that the facility first reported the outbreak to the LHD.
13. Date that LHD first reported the outbreak to MDH. If the outbreak reopens, use the original reporting date.
22. For example, 2<sup>nd</sup> floor, X unit, Y classroom, 5<sup>th</sup> grade teachers, kindergarten teachers, soccer team.
34. Bacterial cultures test for pathogens such as *Salmonella*, *Shigella*, *Campylobacter* and *E. coli*.
35. Viral PCR tests include those for norovirus, astrovirus, sapovirus, and rotavirus.
36. Other foodborne pathogens include *B. cereus*, *C. perfingens* and *S. aureus*.
37. Other tests may include panels such as BioFire or antigen tests such as those for *Campylobacter* or *STEC*.