****GASTROINTESTINAL ILLNESS CLUSTER**

Utah Public Health

LHD name

LHD address line 1

LHD address line 2

*Phone:* *(xxx) xxx-xxxx*

*Confidential fax: (xxx) xxx-xxxx*

*Date finalized*

**(e.g., Norovirus)**

Confidential Case Report

Please fill in the blanks or check the answer for each field

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DEMOGRAPHICS** | **Name of facility** |  | **Contact person** |       |  |
|  | **Address** |       | **City** |       | **Zip** |       |  |
|  | **County** |       | **State** |    | **Phone** |       |  |
|  | **Major setting of exposure**  | [ ] camp | [ ] community-wide  | [ ] daycare | [ ] detention facility  | [ ] family event  |
|  |  | [ ] hospital/clinic  | [ ] hotel  | [ ] nursing home  | [ ] pool | [ ] private setting (residential home) |
|  |  | [ ] religious facility | [ ] restaurant | [ ] school | [ ] ship | [ ] workplace |
|  |  | [ ] other:       |
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| --- | --- | --- | --- |
|  | Number ill/affected Patients:       Staff:       | Number in facility/at risk Patients:       Staff:       |       Male       Female (Counts, not %) |
|  | 1st known onset date:       | Last known onset date:       |
| **CLINICAL** | Age range of cases: |       <1 year  |       % |       20-49 years  |       % |  |
|  |       1-4 years  |       % |       50-74 years  |       % |
|  |       5-9 years  |       % |       ≥75 years  |       % |
|  |       10-19 years  |       % |       unknown  |       % |
| Symptoms | # Cases withsymptoms | Total # cases forwhom info available |  | # Cases | Total # cases for whom info available |
| Nausea |       |       |  Any seen by physician? | [ ] Y [ ] N [ ] U |       |       |
| Fever |       |       | Any hospitalized? | [ ] Y [ ] N [ ] U |       |       |
| Vomiting |       |       | Any died? | [ ] Y [ ] N [ ] U |       |       |
| Abdominal pain |       |       | Visited ER? | [ ] Y [ ] N [ ] U |       |       |
| Headache |       |       | Duration: |
| Diarrhea |       |       | [ ] less than 24 hrs [ ] 24-48 hrs [ ] more than 48 hrs  |
| Bloody diarrhea |       |       | [ ] ongoing [ ] unknown  |
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| --- | --- |
| **LABORATORY** | Any lab testing done? [ ] Y [ ] N [ ] U *If yes, complete table below:* |
| Lab name/phone | Collection date: | Tested for: | Specimen source: | Lab result: | If positive, etiologic agent (genus, species, serotype): |
|       |       | [ ] bacteria[ ] viruses[ ] chemicals/toxins[ ] parasites | [ ] stool[ ] other:       | [ ] pos [ ] neg [ ] presump pos[ ] inconclusive [ ] pending  |       |
|       |       | [ ] bacteria[ ] viruses[ ] chemicals/toxins[ ] parasites | [ ] stool[ ] other:       | [ ] pos [ ] neg [ ] presump pos[ ] inconclusive [ ] pending |       |
|       |       | [ ] bacteria[ ] viruses[ ] chemicals/toxins[ ] parasites | [ ] stool[ ] other:       | [ ] pos [ ] neg [ ] presump pos[ ] inconclusive [ ] pending |       |
|       |       | [ ] bacteria[ ] viruses[ ] chemicals/toxins[ ] parasites | [ ] stool[ ] other:       | [ ] pos [ ] neg [ ] presump pos[ ] inconclusive [ ] pending |       |
|       |       | [ ] bacteria[ ] viruses[ ] chemicals/toxins[ ] parasites | [ ] stool[ ] other:       | [ ] pos [ ] neg [ ] presump pos[ ] inconclusive [ ] pending |       |
| Total # tested:       | Total # positive:       |

|  |  |  |
| --- | --- | --- |
| **REPORTING** | Reporter name:       | Phone:       |
| Reported by: [ ] hospital/ICP [ ] clinic/MD office [ ] lab[ ] other:       | Date first reported to Public Health:       |
| Received by whom at LHD:       | LHD open date:       | LHD Investigator:       |
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| **TRANSMISSION** | *HIGH-RISK SETTINGS*Any food handling, daycare, residential care or patient care staff ill? [ ] Y [ ] N [ ] U Any tested? [ ] Y [ ] N [ ] U *If yes, complete lab section above.*Details of ill staff (worked while ill, dates worked):       |
| *FOOD* (suspect food items, food preparation practices, e.g. where/how food prepared, food on field trips, at events, etc):       |
| *WATER*Source of drinking water: [ ] municipal [ ] bottled [ ] well [ ] commercial delivery [ ] other:      Exposure to untreated water: [ ] none [ ] well [ ] natural water [ ] secondary/irrigation [ ] other:       |
| *DISINFECTION PROCEDURES, including before & after LHD intervention* (type of disinfectant, amount used, frequency of use):       |
| *INTERESTING RELATED FACTS* (location of ill individuals, timing of onsets, common exposures - field trips, dances, events - other similarities, etc):       |
| Primary mode of transmission: | [ ] food | [ ] water | [ ] animal contact | [ ] person-to-person  |
| [ ] environmental contamination other than food/water | [ ] indeterminate/unknown |
| [ ] other:       |
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| **FOLLOW-UP ACTIONS & ADMINISTRATIVE** | **Date** | **Action** |
|  |  |       |  | [ ]  Provide education. |
|  |  |       |  | [ ]  Restrict/exclude ill attendees/workers. |
|  |  |       |  | [ ]  Verify isolate(s) sent to USL: PH, if lab result(s) positive for reportable disease(s). |
|  |  |       |  | [ ]  Link cases to the outbreak in UT-NEDSS (e.g. by entering the outbreak code in each patient’s CMR)  |
|  |  |       |  | [ ]  Notify clinic/hospital facility where patient(s) seen, if applicable. |
|  |  |       |  | [ ]  Complete environmental investigation, if warranted. Summarize results, or if inspection not warranted, explain:       |
|  |  |  |  |  |
|  |  |       |  | [ ]  Follow-up with facility (obtain updated numbers, lab/clinical info):       |
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|  |  |       |  | [ ]  Notify UDOH of cluster.  |
|  |  |       |  | [ ]  Complete CDC outbreak form, if appropriate. |
|  |  |       |  | [ ]  Other follow-up:       |
|  |  |  |  |  |
|  |
|  | Discussion and Conclusion:        |
|  | LHD closed date:       Date submitted to UDOH:       |