****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 with symptoms | | Total # cases for whom 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 labother: | | 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): |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  | Notify UDOH of cluster. |
|  |  |  |  | Complete CDC outbreak form, if appropriate. |
|  |  |  |  | Other follow-up: |
|  |  |  |  |  |
|  |
|  | Discussion and Conclusion: | | | |
|  | LHD closed date:       Date submitted to UDOH: | | | |