

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

Outbreak Summary Report for Gastroenteritis at a Hospital

Case Definition: a case of gastroenteritis is defined as an employee with diarrhea or vomiting for whom a non-infectious etiology cannot be definitively established; or a patient who does not have a gastrointestinal illness upon admission and who subsequently develops diarrhea and/or vomiting for which a non-infectious etiology cannot be definitely established at least 48 hours after admission. (Exclude C. Difficile positive patients with diarrhea or patients with diarrhea only)

DHMH Outbreak # _____

Hospital Name: _____

County _____

Hospital Contact's Name: _____

Date of Summary Report _____

I. INTRODUCTION

Date outbreak initially reported to LHD _____

Person reporting outbreak to LHD _____

Person(s) at LHD conducting the investigation _____

Date LHD reported outbreak to DHMH _____

Primary contact person for outbreak at DHMH (Name & phone #) _____

II. BACKGROUND

Total number of patient beds at facility _____

Total number of staff at facility _____

How was the outbreak initially recognized by the hospital?

- An unusually high number of cases among staff, overall?
- An unusually high number of cases among staff in a common unit?
- Increased surveillance of employee call-outs?
- An unusually high number of nosocomially-acquired cases among patients in a common unit?
- An unusually high number of nosocomially-acquired cases among patients, overall?
- A number of cases that met the outbreak definition given by DHMH .
- Other _____

Which hospital unit/department compiles information about hospital employee illness/ call-outs?

Are employees who call out ill asked about their symptoms, i.e. respiratory, gastrointestinal, etc.? Yes No Unk

Does the hospital keep baseline statistics on employee call-outs? Yes No Unk
If yes, Daily Percentages Weekly Percentages Monthly Percentages

Does the ICP normally receive information about employee illness/ call-outs? Yes No Unk

Did the facility exclude employees for 72 hours after their last episode of diarrhea? Yes No Unk
If no, please explain _____

Did the facility use the DHMH recommended cleaning regimen? Yes No Unk
 (cleansing with an **EPA registered** hospital disinfectant/detergent **at least 3x's a day** on all horizontal surfaces of affected patient rooms or cubicles)

If no, please explain _____

If no, what cleaning regimen was used? _____

Were additional guidelines/guidance issued during the course of the outbreak? Yes No Unk
 (Other than DHMH Interim Guidelines for GE in Acute Care Settings)

If yes, please list:

Please see attached sheet(s)

Did the hospital provide administrative leave for employees with gastroenteritis? Yes No Unk

If yes, how many hours/days _____?

III. CLINICAL RESULTS:

Employees

ill _____
 # for whom lab specimens submitted _____
 # lab-confirmed _____
 # of ER visits related to this outbreak only _____
 # of hospital admissions _____
 Onset of First Case ___/___/___
 Onset of Last Case ___/___/___
 # of deaths related to this outbreak _____

Patients (Nosocomial Cases)

ill _____
 # for whom lab specimens submitted _____
 # lab-confirmed _____
 Onset of First Case ___/___/___
 Onset of Last Case ___/___/___
 # of deaths related to this outbreak _____

***Please include an epi curve for both staff & patients**

Employees:

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

Patients:

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

List affected hospital units, number of ill staff & patients, and the first and last onset dates or culture dates (depending on the illness) reported among staff members:

Staff:

<u>Affected Wings or Units</u>	<u>Number of ill staff</u>	<u>First and Last Onset Dates</u>	<u>Total Number of Staff In Wing/ Unit</u>
<i>ex Med Surg/5 West</i>	<i>5</i>	<i>1/2/04 to 1/18/04</i>	<i>60</i>
<i>ex.ED</i>	<i>3</i>	<i>1/10/04 to 1/15/04</i>	<i>135</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Patients:

<u>Affected Wings or Units</u>	<u>Number of ill patients</u>	<u>First and Last Onset Dates</u>	<u>Total Number of Patient Beds in Wing/ Unit</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. LABORATORY RESULTS:

Was any laboratory testing performed? **Yes No Unk**

If YES,

Was laboratory testing performed in the hospital laboratory? **Yes No Unk**

Was laboratory testing performed at DHMH laboratories? **Yes No Unk**

Kit used	Stools tested for the following agents:	Number Collected by DHMH lab	Number Collected by private lab	Number positive	Agent(s) Identified
Enteric					
Miscellaneous					
Viral					
Other_____					

Was PFGE testing done? **Yes No Unk**

If so, did stools match? **Yes No Unk**

Classification- Genogroup & cluster identification _____
Ex. Genogroup-II(G-II), Farmington Hills

8. What, if any, problems significantly affected the success of this investigation? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Delayed notification to hospital ICP | <input type="checkbox"/> Paucity of stool specimens |
| <input type="checkbox"/> Delayed notification to LHD | <input type="checkbox"/> Jurisdictional ambiguity or disagreement/
turf issues |
| <input type="checkbox"/> Delayed notification from LHD to DHMH | <input type="checkbox"/> Lack of coordination between LHD
and DHMH |
| <input type="checkbox"/> Not enough health department staff available | <input type="checkbox"/> Outbreak scope underestimated |
| <input type="checkbox"/> Weekend/ overtime staffing limits | <input type="checkbox"/> Delayed epi response |
| <input type="checkbox"/> Lack of cooperation from hospital | |
| <input type="checkbox"/> Lack of cooperation from cases | |

9. Please note any other pertinent information.
