



Connecticut Department of Public Health – Epidemiology Program

FACILITY GASTROINTESTINAL OUTBREAK REPORT

Please complete for gastrointestinal (GI) outbreaks ONLY.

FACILITY DEMOGRAPHICS

Type of facility (check one): [] Nursing/long-term care [] Assisted living [] Hospital [] Other
Name of facility: City:
Person reporting: Phone: Fax:
Date of initial notification of outbreak to DPH: Date of this final report:

OUTBREAK CHARACTERISTICS

Date first case became ill: Date last case became ill:
Total # of cases: # Lab-confirmed cases:

Table with 3 columns: Category, Estimated # exposed/census*, Estimated # ill. Rows: Residents, patients; Staff.

* If outbreak occurred on multiple units/wings, use census for entire facility.
* If outbreak confined to one unit, use census for that unit only.

CASE CHARACTERISTICS (among residents only)

Sex: # Male # Female
Age Groups: # <1 year # 1-4 years # 5-9 years # 10-19 years
20-49 years # 50-74 years # >= 75 years # Unknown

Table with 2 columns: Outcome and Symptoms, # Cases with outcome/symptom. Rows: Died, Hospitalized, Visited Emergency Room, etc.

Duration of Illness (check appropriate unit): [] Unknown duration of illness

Shortest: [] Minutes [] Hours [] Days
Average: [] Minutes [] Hours [] Days
Longest: [] Minutes [] Hours [] Days

Total # of case patients for whom info is available:

LABORATORY RESULTS:

Were specimens collected? [] Yes [] No [] Unknown

If yes, how many specimens were collected?

What were they tested for? (check all that apply)

- [] Bacteria (e.g. Salmonella, E. coli, C. dif, etc.) [] Chemical/toxins
[] Viruses (e.g. norovirus) [] Parasites (e.g. O&P)

If any positive results, name the bacterium, virus, parasite, or chemical/toxin below.

Table with 3 columns: Name of pathogen, Detected in^, # Lab-confirmed cases.

^ Detected in (choose all that apply): 1=patient specimen, 2=staff specimen, 3=environment specimen

Please fax completed form to the DPH Epidemiology Program at 860-509-7910.