

LONG-TERM CARE GI ILLNESS OUTBREAK FOLLOW-UP REPORT

REPORTER INFORMATION

FACILITY NAME:

NAME OF REPORTER:

TITLE/DEGREE:

ADDRESS:

CITY:

STATE:

ZIP:

COUNTY:

PHONE#:

FAX#:

FACILITY INFORMATION

Type of long-term care facility (check only one):

Skilled Nursing

Assisted Living

Combined Care

Other

Date of Onset of Illness for First Case:

Date of Onset of Illness for Last Case:

A. RESIDENT INFORMATION

1. a. Total number of residents in facility during outbreak: _____

b. If your facility is divided into units or wings, provide the breakdown of residents per unit or wing. Attach additional sheets if necessary.

| <u>Wing</u> | <u># of Residents</u> |
|-------------|-----------------------|
| | |
| | |
| | |

2. Age range of residents (also, median if known): _____

B. STAFF INFORMATION

4. a. Total number of staff in facility during outbreak: _____

b. If your facility is divided into units or wings, provide the breakdown of staff per wing/unit. Attach additional sheets if necessary.

| <u>Wing</u> | <u># of Staff</u> |
|-------------|-------------------|
| | |
| | |
| | |

Any staff that work in more than one wing?

Yes No If yes, how many? _____

c. How many of these staff (*if multiple wings, please provide breakdown for each wing*):

| | <u># of Staff</u> | <u>Age Range of Staff</u> |
|--------------------------------|-------------------|---------------------------|
| Work directly with residents | | |
| Have no contact with residents | | |

OUTBREAK INFORMATION

7. a. Were any specimens sent to a commercial laboratory for norovirus diagnostic testing? Yes No

b. If yes, list the name of the laboratory performing the test: _____

ISOLATION

12. Were residents **with norovirus** isolated from other residents? Yes No

13. Date first resident(s) with norovirus was isolated: _____

14. Number of residents with norovirus who were isolated during the outbreak: _____

QUARANTINE

12. Were residents **without norovirus** quarantined from other residents? Yes No

13. Date first resident(s) was quarantined: _____

14. Number of residents who were quarantined during the outbreak: _____

COMMENTS

THANK YOU!!! PLEASE FAX TO (808) 586-4595

Please fill out the attached sheets. Thank you for your assistance with influenza surveillance in Hawai'i.
Contact the Hawaii Department of Health's Disease Investigation Branch at **(808) 586-4586** if you have any questions.

