

SCHOOL GASTROINTESTINAL ILLNESS OUTBREAK REPORT

Gastrointestinal illness (GI illness): Symptoms of vomiting, and/or diarrhea (≥ 3 stools in 24 hours). Illness is confirmed when an individual has a positive culture for a bacteria or virus in stool.

School GI Outbreak: Suspected when ≥ 2 cases of GI illness occurring within 24 hours among students or staff who share an exposure or are in close contact AND who do not live in the same household; OR there is a doubling in the number of students absent because of vomiting and/or diarrhea episodes over that of normal for a particular time of year. A specific GI outbreak is confirmed when at least one student has a culture for a bacteria or virus in stool.

SCHOOL INFORMATION

SCHOOL NAME:

NAME OF REPORTER:

TITLE/Position at School:

ADDRESS:

CITY:

STATE:

ZIP:

COUNTY:

PHONE#:

FAX#:

Type of school (check only one):

☐ Daycare

☐ Kindergarten/Pre-K

☐ Elementary

☐ Intermediate

☐ High School

OUTBREAK INFORMATION

Date of Onset of Illness for First Case:

Date of Onset of Illness for Last Case:

A. STUDENT INFORMATION

1. a. Total number of students in school or grade (if only in one grade) during outbreak: _____

b. If your school is divided into units or homerooms, provide the breakdown of students per class. Attach additional sheets if necessary.

<u>Grade/ Class</u>	<u>TOTAL# of Students</u>	<u># of ill students*</u>

* Please list student information on line list spreadsheet. Include Parent name and contact information for follow up.

B. STAFF INFORMATION

2. a. Total number of teachers and staff in school or grade (if grade specific) during outbreak: _____

b. If your grade is divided into units or homerooms, provide the breakdown of staff per grade/homeroom. Attach additional sheets if necessary.

<u>Grade/Homeroom</u>	<u># of Teachers & Staff</u>	<u># of ill Teachers & Staff</u>

Any staff that work in more than one grade?

☐ Yes ☐ No If yes, how many? _____

C. CLINICAL INFORMATION

3. a. Were any ill persons tested for bacterial or viral pathogens at a physician's office or the ER? ☐ Yes ☐ No

b. If yes, list the name of the laboratory or the physician with their phone number on the linelist.

ISOLATION

4. Were students/staff **with GI illness** sent home and required to stay home until 48 hours' symptom free? ☐ Yes ☐ No

COMMENTS

Please email completed School Gastrointestinal Illness Outbreak Report Form and Line List to:
doh.docd.dib@doh.hawaii.gov

Thank you for your assistance with gastrointestinal surveillance in Hawai'i.

Contact the Disease Reporting Line at **808-586-4586** (option 4) if you have any questions.