

# SCHOOL GASTROINTESTINAL ILLNESS OUTBREAK REPORT

**Gastrointestinal illness (GI illness):** Symptoms of vomiting, and/or diarrhea ( $\geq 3$  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  $\geq 2$  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

<b>SCHOOL NAME:</b>			
<b>NAME OF REPORTER:</b>		<b>TITLE/Position at School:</b>	
<b>ADDRESS:</b>			
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>	<b>COUNTY:</b>
<b>PHONE#:</b>		<b>FAX#:</b>	
<b>Type of school (check only one):</b>			
<input type="checkbox"/> Daycare <input type="checkbox"/> Kindergarten/Pre-K <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> High School			

## OUTBREAK INFORMATION

<b>Date of Onset of Illness for First Case:</b>	<b>Date of Onset of Illness for Last Case:</b>
---	--

### 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 attached linelist. 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 &amp; Staff</u>	<u># of ill Teachers &amp; 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 **with GI illness** sent home and required to stay home until 24 hours' symptom-free?  Yes  No

**COMMENTS**

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

Please fill out the attached sheet. Attach additional pages if necessary. Thank you for your assistance with gastrointestinal illness surveillance in Hawai'i.

Contact us at **(808) 586-4586** if you have any questions.



