



Connecticut Department of Public Health
Epidemiology and Emerging Infections Program

FACILITY GASTROINTESTINAL OUTBREAK REPORT

Please complete for gastrointestinal (GI) outbreaks ONLY.

Revised: 01/2024

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 include Residents, patients and 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 # 50-64 years # 65-74 years # >= 75 years
Unknown

Table with 2 columns: Outcome and Symptoms, # Cases with outcome/symptom. Rows include Died, Hospitalized, Vomiting, Diarrhea, 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 4 columns: Name of pathogen, Detected in^, # Lab-confirmed cases, Test method (ie: antigen, PCR, culture)

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