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: _____

	Estimated # exposed/census*	Estimated # ill
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 _____ # 10-17 years _____

18-49 years _____ # 50-64 years _____ # 65-74 years _____ # ≥ 75 years _____

Unknown_____

Outcome and Symptoms	# Cases with outcome/symptom
Died	
Hospitalized	
Visited Emergency Room	
Visited health care provider (excluding ER visits)	
Vomiting	
Diarrhea	
Bloody stools	
Fever	
Abdominal cramps	

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.

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

Please fax completed form to 860-629-6962