



Reporting of Outbreaks to the Department of Public Health

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Reporting of Outbreaks...cont'd

- ❖ The Connecticut Public Health Code requires nursing homes to report an outbreak of disease and contains some definitions and requirements pertaining to Outbreak Reporting.
- ❖ A definition of an epidemic is included in Section 19a-36-A1(n) of the Reportable Diseases and Laboratory Findings Section of the Public Health Code.



Definition of an Epidemic

- ❖ An epidemic is “the occurrence of cases of illness clearly in excess of normal expectancy over a specific time period in a community, geographic region, building or institution.”
- ❖ The number of cases indicating an epidemic “may vary according to the causative agent, size and type of population exposed, previous experience with the disease and time and place of occurrence. An outbreak of disease is an epidemic.”



Reporting of Outbreaks...cont'd

- ❖ An outbreak of disease is defined in Section 19a-36-A1 of the CT Public Health Code as a Class B Reportable Event.
- ❖ The regulations also require that the licensed administrator or his/her designee report this to the Department as follows:
 - ❖ Provide immediate notice by telephone to the Department.
 - ❖ To be confirmed by a written report within seventy-two (72) hours of its occurrence.



Reporting of Outbreaks...cont'd

- ❖ Initial telephone call to Deborah Casinghino at (860) 509-7492
- ❖ Submission of required Reportable Event form and initial line list to DPH within 72 hours and periodic updates by phone at a minimum of weekly.
- ❖ Contact DPH Epidemiology Section, telephone number (860) 509-7994 or 7995 and local health officials, who will provide direction and request any documentation that is required.

Reporting of Outbreaks...cont'd

- ❖ The Department requires a Reportable Event form, which is available on the DPH website: <http://www.ct.gov/dph>
- ❖ When the completed Reportable Event form is provided to the Department, an initial list of the affected residents to date and the number of affected staff should be included as well as their date of onset.
- ❖ When additional information is needed, we will contact the facility's Infection Control Nurse or another representative of the nursing home.

Reporting of Outbreaks...cont'd

The Reportable Event is required to contain the following information:

- ❖ Date of report, date of the event, location, nature and brief description of the outbreak and date of MD notification.
- ❖ Licensed level of care and bed capacity of the facility;
- ❖ Any other information that is relevant; and
- ❖ Signatures of the person who prepared the report, the licensed administrator and the medical director.
- ❖ An attached line list should include the following:
Identification of the patients affected by the event including name, date of admission, age, primary diagnosis, date of onset, date of notification of physician and family, diagnostic date and result, symptoms, treatment, current status, date resolved.

Reporting of Outbreaks...cont'd

- ❖ Once the outbreak has been opened and recorded, it is asked that we receive telephone updates a minimum of once or twice a week.
- ❖ If the outbreak results in a death or the number of residents affected increases, please notify DPH at that time.
- ❖ Local Health Officials and DPH Epidemiology Section should also be notified.
- ❖ Recommendations should be communicated to the facility's medical staff.



Reporting of Outbreaks...cont'd

[FACILITY GASTROINTESTINAL OUTBREAK REPORT
Please complete for gastrointestinal (GI) outbreaks only.

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
 Onsets: Date first case became ill ____/____/____ Date last case became ill ____/____/____
 Number of cases: Total # of cases _____ # Lab-confirmed cases _____

	Estimated # exposed/census*	Estimated # ill
Residents, patients		
Staff		

* If outbreak occurred on multiple units/wards, 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 _____ # 50-74 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 (circle appropriate unit):
 Shortest _____ Min, Hours, Days Unknown duration of illness
 Average _____ Min, Hours, Days
 Longest _____ Min, Hours, Days
 Total # of cases for whom info is available _____

LABORATORY RESULTS:
 Were specimens collected? Yes No Unknown
 If yes, how many specimens 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:

Name of pathogen	Detected in ^a	# Lab-confirmed cases

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

Please fax completed form to DPH Epidemiology Program at 860-509-7910.

Outbreak Reporting

- Please continue to report all facility outbreaks

For GI Outbreaks only:

- 1 page form
- Should be completed at the conclusion of the outbreak
- Information requested:
 - Outbreak Characteristics
 - Case Characteristics
 - Laboratory Results



Outbreak Closure

- ❖ When the Infection Control Nurse in conjunction with the facility's Medical Director determines that an outbreak has been resolved, DPH is to be informed.
- ❖ Send a final line list to Deborah Casinghino at DPH showing all residents who have been affected and include an outbreak summary.
- ❖ The summary should include the beginning date of the outbreak, the end date, the total number of residents affected, the number of staff affected and the number of residents who died, if any.



Recent Contact with DPH Epidemiology Section

- ❖ Respiratory Outbreak resulting in Immediate Jeopardy
- ❖ Salmonella Outbreak