

Massachusetts Department of Public Health Bureau of Infectious Disease

305 South Street, Room 563, Jamaica Plain, MA 02130 Phone: 617-983-6800 Confidential Fax: 617-983-6220

Received in Surveillance:

Gastrointestinal Illness LTCF Cluster Reporting Form		
Report Date: (mm/dd/yyyy) Facility Name:		
Address:		
City: St: ZIP: Facility Type: Cong Term Care Assisted Living Other		
Specify:		
Facility Contact: Phone:		
Facility Total Clients: Total Staff: ILL Staff Considered Foodhandlers: Total Wings/Units:		
Census Clients ILL: Staff ILL:> Wings Impacted:		
CLUSTER INFORMATION		
New Clients ILL New Wings Clients ILL First Onset Date: / <th <="" th=""> / <th <="" th=""> <th< th=""></th<></th></th>	/ <th <="" th=""> <th< th=""></th<></th>	<th< th=""></th<>
Sumptoms: All Most Some None		
4) / / / Diarrhea 5) / / Vomiting		
7) / / / / / / / / / / / / / / / / / / /		
Illness cluster has been ongoing for more than 7 days. Average Less than 24 hours Unknown Total Clients Image: Symptom 24 to 48 hours Ongoing		
and Staff: Died: Hospitalized Hospitalized duration: More than 48 hours		
LABORATORY INFORMATION		
Have stool specimens been collected? Yes No Unknown Pathogen Identified? (select all that apply) If YES, what were specimens tested for? Bacteria Viruses Parasites None C. difficile (select all that apply) Bacteria Viruses Parasites Salmonella Cryptosporidiosis E. coli 0157:H7 Other E. coli (non-O157:H7) Specify:		
CONTROL MEASURES		
Have control measures been implemented, as outlined in LTCF Guidelines?		
Have you notified your licensing or certifying agency? Yes No Licensing Agency: DHCQ Elder Affairs Date LBOH Notified: / / (mm/dd/yyyy)		
Make solid marks that fit in the response boxes. Please use black or blue ink.		

Long Term Care & Assisted Living Reporting Forms:

Guidelines for Reporting Gastrointestinal Illness Clusters

Please use the following form to report clusters of gastrointestinal (GI) illness in long term care and assisted living facilities to the Bureau of Infectious Disease, Epidemiology and Immunization Program at the Massachusetts Department of Public Health (MDPH).

When a cluster is identified at a LTCF, the following report form should be completed with the information known to date and faxed to the MDPH Office of Integrated Surveillance and Informatics Services (ISIS) at (617) 983-6220. Upon receipt of the report, an MDPH epidemiologist or the local board of health will contact the facility to discuss the cluster.

Only submit one form per cluster at your facility.

Updates to a previously reported cluster can be shared with an epidemiologist over the phone.

When to report:

A cluster of GI illness is defined by an increase above what is normal for your facility with respect to place (unit, wing) and time (days, weeks).

About the form:

Facility Demographics

This section collects basic information such as facility type (long-term care, assisted living, etc.), the number of wings or units at the facility, and a census of the total number of clients and staff at the time of report.

Cluster Information

Use this section to report when illness began among staff and residents, symptoms present, and any hospitalizations among residents or staff members associated with GI illness.

There is space to provide a line list of new cases identified by date, beginning with the first date of onset until the date of report. If illness has been ongoing for longer than seven days, check the box at the bottom of the date list. Additional dates of illness can be discussed over the phone with an epidemiologist. This information helps to evaluate the current status of the outbreak and can assist in differentiating between a point-source outbreak that may be associated with contaminated food versus illness spread from person to person.

Laboratory Information

This section collects information about stool specimen collection and testing. It is recommended that one to two ill individuals submit stool specimens for testing of bacterial and/or viral pathogens, if possible. Testing can typically be done through the LTCF's routine laboratory service (i.e., Quest, Labcorp). Arrangements can also be made on a case-by-case basis to test stool specimens at the Hinton State Laboratory Institute (HSLI).

Control Measures

This section refers to the implementation of infection control guidelines as outlined by MDPH in the following document: <u>http://www.mass.gov/eohhs/docs/dph/cdc/infection-control/gi-disease-guide.pdf</u>. In a healthcare setting, foodhandlers include those who set up trays for patients, feed or assist patients in eating, give oral medications or give mouth/denture care. Any ill staff members that are considered foodhandlers should be excluded from all foodhandling duties until 72 hours after their symptoms resolve.

Notification

Facilities are required to report clusters of illness to their licensing or certifying agency:

- Long-Term Care Facilities must report clusters to the Department of Public Health's Bureau of Health Care Safety & Quality by using the web-based Health Care Facility Reporting System (HCFRS). Please enter the incident type as "epidemic/disease".
- Assisted Living Residences Incident Reporting to the Certification Unit Program at the Executive Office of Elder Affairs per 651CMR 12.04(11)
 - 1. All Reportable Assisted Living Incident Reports (Individual and/or Facility Wide) are submitted via the Automated Quickbase Reporting system which is accessed at http://alrir.800ageinfo.com/
 - 2. For residence-wide outbreaks or complaints, call the Assisted Living Ombudsman Program at Elder Affairs: (617) 727.7750

In addition, your local board of health should be notified of the GI illness cluster at your facility.