

# OUTBREAK UPDATE

- Communicable Disease Branch
- North Carolina Division of Public Health

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# Outbreak Surveillance

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- Wake AHEC requires all speakers to disclose any relevant financial conflicts of interest.
- Jennifer MacFarquhar and Kristin Sullivan have no relevant financial conflicts of interest to disclose.

# Objectives

- Describe 2014 outbreaks and trends
- Describe utility of online outbreak reporting form
- Locate online outbreak reporting form

# 2014 Outbreaks

# 2014 Outbreak Summary



# Outbreak Surveillance

# Improvements with Online Reporting

- Reporting
  - ▣ Timeliness
  - ▣ Completeness
- Documentation
  - ▣ Centralized documentation of outbreaks
- Administrative
  - ▣ Less time to complete form
- Functional
  - ▣ Ability to electronically link to initial outbreak reports (with use of Outbreak ID)
  - ▣ Ability for LHD to use data for reports / public health action
  - ▣ Ability for CDB to use data real-time

# Online Outbreak Report Form

# Online Outbreak Report Form

[https://www.surveymonkey.com/s/DPH\\_ORF](https://www.surveymonkey.com/s/DPH_ORF)



## North Carolina Division of Public Health Outbreak Report Form

### General Information

**\* 1. Outbreak ID:**

**2. Today's date**

Today's date

MM	DD	YYYY
<input type="text"/>	/ <input type="text"/>	/ <input type="text"/>

**3. County**

**4. Person completing this form**

Name

**5. LHD lead investigator**

Name

Title

Telephone



## North Carolina Division of Public Health Outbreak Report Form

### Outbreak Information Continued

#### 12. Date range of illness onset

Date of illness onset for first case

MM / DD / YYYY  
 /  /

Date of illness onset for last case

/  /

#### 13. Predominant symptoms (check all that apply)

Nausea

Fever

Vomiting

Cough

Abdominal cramps

Difficulty breathing

Diarrhea

Renal failure

Bloody diarrhea

Other (please specify)



## North Carolina Division of Public Health Outbreak Report Form

### Outbreak Information Continued

#### 14. Residents / Students / Patrons (\*Not applicable in all situations)

Total number in facility / setting\*

Number exposed\*

Number ill

Number investigated / interviewed

Number sought medical care

Number hospitalized

Number of deaths

Number with laboratory confirmation

Number vaccinated before outbreak\*

Number vaccinated after outbreak started\*

Number received post-exposure prophylaxis\*

#### 15. Faculty / Staff / Employees (\*Not applicable in all situations)

Total number in facility / setting\*

Number exposed\*

Number ill

Number investigated / interviewed

Number sought medical care

Number hospitalized

Number of deaths

Number with laboratory confirmation

Number vaccinated before outbreak\*

Number vaccinated after outbreak started\*

Number received post-exposure prophylaxis\*



## North Carolina Division of Public Health Outbreak Report Form

### General Information

**\* 1. Outbreak ID:**

**2. Today's date**

Today's date

MM DD YYYY

 /  / 

**3. County**

**4. Person completing this form**

Name

**5. LHD lead investigator**

Name

Title

Telephone

# Outbreak ID

- Assigned during initial telephone report by epi on call
- Must be included on Outbreak Report Form
- Examples:
  - ▣ 2015065
  - ▣ 2016300

# 2015 Outbreak Report Form

## North Carolina Division of Public Health Outbreak Report Form

Within 30 days of the end of an outbreak, complete this form online at [https://www.surveymonkey.com/s/DPH\\_ORF](https://www.surveymonkey.com/s/DPH_ORF).

Outbreak ID #  (Obtain Outbreak ID # from epidemiologist on call or IATP nurse consultant.)



### General Information

Today's Date  County  Person completing this form

Lead Investigator  Title  Telephone

### Outbreak Information

Date LHD notified  Date investigation initiated  Type of Outbreak

Suspected transmission mode  Setting  If 'other setting', specify

Facility Name  NCEDSS Event #

Facility Address  City  Zip

Date of Illness Onset for 1st Case  Date of Illness Onset for Last Case

Residents / Students / Patrons	Number
Total number in facility / setting*	
Number exposed*	
Number ill	
Number investigated / interviewed	
Number sought medical care	
Number hospitalized	
Number of deaths	

Faculty / Staff / Employees	Number
Total number in facility / setting*	
Number exposed*	
Number ill	
Number investigated / interviewed	
Number sought medical care	
Number hospitalized	
Number of deaths	

# 2015 Outbreak Report Form

Number vaccinated after outbreak started		Number vaccinated after outbreak started	
Number received Post-exposure prophylaxis*		Number received Post-exposure prophylaxis*	
*Might not be applicable in all situations			
<input type="radio"/> Nausea <input type="radio"/> Vomiting <input type="radio"/> Abdominal Cramps <input type="radio"/> Diarrhea <input type="radio"/> Bloody Diarrhea <input type="radio"/> Fever			
Predominant Symptoms: <input type="radio"/> Cough <input type="radio"/> Difficulty Breathing <input type="radio"/> Renal Failure <input type="radio"/> Other: <input type="text"/>			
<b>Investigation Methods</b>			
<input type="radio"/> Site Visit <input type="radio"/> Develop outbreak case definition <input type="radio"/> Perform case finding <input type="radio"/> Conduct interviews <input type="radio"/> Conduct chart reviews			
<input type="radio"/> Collect specimens <input type="radio"/> Confirm diagnosis <input type="radio"/> Conduct environmental inspection <input type="radio"/> Perform environmental sampling			
<input type="radio"/> Other: <input type="text"/>			
<b>Laboratory Methods</b>			
Test(s) performed	<input type="text"/>	# specimens tested	<input type="text"/>
		# people tested	<input type="text"/>
		# specimens positive	<input type="text"/>
Organism Identified?	<input type="text"/>	Specify organism	<input type="text"/>
		Comments	<input type="text"/>
<b>Public Health Interventions / Control Measures</b>			
<input type="radio"/> Cohorted staff <input type="radio"/> Excluded ill staff from work <input type="radio"/> Environmental cleaning <input type="radio"/> Restricted visitation <input type="radio"/> Served meals in room			
<input type="radio"/> Closed to new admissions <input type="radio"/> Isolated / cohorted residents <input type="radio"/> Discontinued group activities <input type="radio"/> Shared state guidance			
<input type="radio"/> Post exposure prophylaxis / vaccination <input type="radio"/> Education (e.g., hand hygiene) <input type="radio"/> Press release / media attention			
<input type="radio"/> Other: <input type="text"/>			
Notes:	<input type="text"/>		

# Contact Information

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