

Long-Term Care (LTC) Acute Gastroenteritis Surveillance Line List

Instructions for the Long-Term Care (LTC) Acute Gastroenteritis Surveillance Line List

The Acute Gastroenteritis Surveillance Line List provides a template for data collection and active monitoring of both residents and staff during a suspected gastroenteritis cluster or outbreak at a nursing home or other LTC facility. Using this tool will provide facilities with a line listing of all individuals monitored for or meeting the case definition for the outbreak illness.

Each row represents an individual resident or staff member who may have been affected by the outbreak illness (i.e., case). The information in the columns of the worksheet capture data on the case demographics, location in the facility, clinical signs/symptoms, diagnostic testing results, and outcomes. While this template was developed to help with data collection for common gastroenteritis outbreaks, the data fields can be modified to reflect the needs of the individual facility during other outbreaks.

Information gathered on the worksheet should be used to build a case definition, determine the duration of outbreak illness, support monitoring for and rapid identification of new cases, and assist with implementation of infection control measures by identifying units where cases are occurring.

LTC Acute Gastroenteritis Surveillance Line List

Instruction Sheet for Completion of the Long-Term Care (LTC) Acute Gastroenteritis Surveillance Line List

Section A: Case Demographics

In the space provided per column, fill in each line with name, age, and gender of each person affected by the current outbreak at your facility. Please differentiate residents (R) from staff (S).

*Staff includes all healthcare personnel (e.g., nurses, physicians and other providers, therapists, food services, environmental services) whether employed, contracted, consulting, or volunteer.

For residents only: Short-stay (S) residents are often admitted directly from hospitals, require skilled nursing or rehabilitation care, and are expected to have a length of stay less than 100 days. Long-stay (L) residents are admitted to receive residential care or nursing support and are expected to have a length of stay that is 100 days or more. Indicate the stay type for each resident in this column.

Section B: Case Location

For residents only: Indicate the building (Bldg), unit, or floor where the resident is located and the room and bed number for each resident being monitored for outbreak illness. *Answers may vary by facility due to differences in the names of resident care locations.

For staff only: For each staff member listed, indicate the floor, unit, or location where that staff member had been primarily working at the time of illness onset. Fill in the box (Y or N) indicating whether that monitored or ill staff member was responsible for handling food at the beginning or during the outbreak period.

Section C: Signs and Symptoms (s/s)

Symptom onset date: Record the date (month/day) each person developed or reported signs/symptoms (e.g., abdominal cramps, diarrhea, vomiting) consistent with the outbreak illness.

Symptoms: Fill in the box (Y or N) indicating whether or not a resident or staff member experienced each of the signs/symptoms listed within this section (abdominal pain or tenderness; diarrhea; vomiting).

Additional documented s/s (select all codes that apply): In the space provided, record the code that corresponds to any additional s/s the resident or staff member experienced. If a resident or staff member experienced a s/s that is not listed, please use the space provided by "other" to specify the s/s.

N – nausea, F – fever, B – blood in stool, LA – loss of appetite, O – other: specify _____

Section D: Diagnostics

Type of specimen collected: (e.g., stool, blood): In the space provided, record the type of specimen collected for laboratory testing. If the type of specimen collected is not listed, please use the space provided by "other" to specify the specimen type.

S – stool, B – blood, O – other: specify _____

Date of collection: Record the date (month/day) of specimen collection.

Type of test ordered (select all codes that apply): In the space provided, record the code that corresponds to whether a diagnostic laboratory test was performed for each individual. If no test was performed, indicate "zero." If the laboratory test used to identify the pathogen is not listed, please use the space provided by "Other" to specify the type of test ordered.

0 – No test performed, 1 – Culture, 2 – Polymerase Chain Reaction (PCR), also called nucleic acid amplification testing (includes multiplex PCR tests for several organisms using a single specimen), 3 – Other: specify _____

Pathogen Detected (select all codes that apply): In the space provided, record the code that corresponds to the bacterial and/or viral organisms that were identified through laboratory testing. If the test performed was negative, indicate "zero." If a pathogen not listed was identified through laboratory testing, please use the space provided by "Other" to specify the organism.

0 – Negative results; Bacterial: 1 – *Salmonella*, 2 – *Campylobacter*, 3 – *Clostridium difficile*, 4 – *Shigella*; Viral: 5 – Norovirus, 6 – Rotavirus, 7 – Other: Specify _____

Section E: Outcome During Outbreak

Symptom Resolution Date: Record the date that each person recovered from the outbreak illness and was symptom free for 24 hours.

Hospitalized: Fill in the box (Y or N) indicating whether or not hospitalization was required for a resident or staff member during the outbreak period. *Note: The outbreak period is the time from the date of symptom onset for the first case to date of symptom resolution for the last case.*

Died: Fill in the box (Y or N) indicating whether or not a resident or staff member expired during the outbreak period.

Case (C) or Not a case (leave blank): Based on the clinical criteria and laboratory findings collected during the outbreak investigation, record whether or not each resident or staff member meets the case definition (C) or is not a case (leave space blank).

Date: ____/____/____

[illegible]

Contact Person: _____ **Phone:** _____ **Email:** _____

^A Note: Outbreak period defined as date of first case to resolution of last case.