

## COMMUNITY OUTBREAKS

### REPORTING INFORMATION

- **Class C:** Report by the end of the next business day to the local public health department in whose jurisdiction the outbreak has occurred. The exception: if the outbreak, unusual incident or epidemic has an unexpected pattern of cases, suspected cases, deaths or increased incidence of disease that is a major public health concern, then such outbreak, unusual incident or epidemic shall be reported immediately via telephone.
- The local health department should report the outbreak to the Ohio Department of Health (ODH) Outbreak Response and Bioterrorism Investigation Team (ORBIT) at 614-995-5599.
- Reporting Form(s) and/or Mechanism: [Ohio Confidential Reportable Disease form](#) (HEA 3334, rev. 1/09), [Positive Laboratory Findings for Reportable Disease form](#) (HEA 3333, rev. 8/05), the local public health department via the Ohio Disease Reporting System (ODRS) or telephone.

### AGENT

Community outbreaks can be caused by many different microorganisms, including viruses, bacteria, fungi or parasites. In Ohio, community outbreaks have been caused by agents such as *Aspergillus*, *Bordetella pertussis*, *Clostridium difficile*, enteroviruses, influenza virus, *Legionella*, norovirus, *Shigella*, *Staphylococcus*, group A *Streptococcus* and others. All multi-drug resistant agents involved in community outbreaks should be reported. Community outbreaks of respiratory illness, gastroenteritis, neurological illness and rashes should also be reported. If the causative agent identified is reportable as an individual listing under the Ohio Administrative Code (e.g., *Salmonella*, *Campylobacter*), the individual case(s) should also be reported.

### CASE DEFINITION

#### Definition of a Community Disease Outbreak

Two or more cases of similar illness with a common exposure in the community and not considered a foodborne, waterborne, zoonotic, healthcare-associated or institutional disease outbreak.

#### Comments

An outbreak is considered community-related when the number of reported cases is higher than what is expected on the basis of previous reports during a non-epidemic period for a given population in a defined time, and the outbreak is not considered to be foodborne, waterborne, zoonotic, healthcare-associated or institutional. Two or more outbreaks caused by the same disease agent within the same community setting could be combined into one community outbreak when: 1) the cases are dispersed among numerous locations, but are likely related AND 2) outbreaks occur within three (3) incubation periods of each other, as defined in the IDCM chapter for that disease.

Community outbreaks may also report infections transmitted within families (i.e., community-acquired MRSA) which are not reportable under other outbreak categories.

## **WHAT SHOULD BE REPORTED**

Any suspected outbreak or significant increase in community infections above the norm or baseline in the community should be reported to the local health district. Examples of community-based infections that should be reported include:

- A suspect outbreak or increased incidence of disease due to any infectious agent (e.g., *Staphylococcus*, *Enterococcus*, *Streptococcus*, *Clostridium difficile*, scabies, pertussis, pediculosis, legionellosis or drug-resistant agents) occurring in the public or private community.
- Community outbreaks such as, but not limited to, respiratory illness, gastroenteritis, neurological illness and rashes.
- Closure of a school, service or event due to infections.

## **SIGNS AND SYMPTOMS**

Symptoms vary depending on the agent. Incubation and duration of illness vary from a few hours to several days or longer, depending upon the agent.

## **DIAGNOSIS**

ODH ORBIT will consult with the local health jurisdiction to determine that appropriate diagnostic testing is obtained.

## **EPIDEMIOLOGY**

### **Source**

Varies depending upon the agent.

### **Occurrence**

Varies depending upon the agent.

### **Mode of Transmission**

Varies depending upon the agent.

### **Period of Communicability and Carrier State**

Varies depending upon the agent.

## **PUBLIC HEALTH MANAGEMENT**

Most community outbreaks are handled through telephone consultation between the LHD and ODH ORBIT. Depending on the agent, laboratory support may be available to all entities reporting suspect outbreaks. On-site visits for epidemiologic follow-up are available upon request in most situations. Please contact the ODH Outbreak Response and Bioterrorism Investigation Team (ORBIT) at 614-995-5599.