OUTBREAK REPORTING

Outbreak Reporting for Childcare Facilities in Pinellas County

Disease Control and Health Protection Division

Florida Department of Health in Pinellas County

Phone: 727-824-6932 | Fax: 727-484-3865

www.PinellasHealth.com

Introduction

Florida Statute and Administrative Code requires facilities to report infectious disease outbreaks to their local health departments. This guide is a resource for Childcare Facilities (CCF) to provide the knowledge and tools necessary to manage and report outbreaks. Children are more vulnerable to infectious diseases when they first enter group settings because it may be their first exposure to germs that cause common infections, and they may be too young to have received enough doses of recommended vaccines to have developed immunity.The Florida Department of Health in Pinellas County aims to work with Childcare Facilities to stop these outbreaks efficiently and safely.

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REPORT A DISEASE OR OUTBREAK IN PINELLAS COUNTY

727-824-6932
Available 24 Hours A Day

Fax: 727-484-3865

DO NOT FAX HIV/AIDS REPORTS.
MAIL REPORTS TO

Florida Department of Health in Pinellas County
Surveillance Room 3-148
205 Dr. MLK Jr St N
St. Petersburg, FL 33701

For more information visit:
pinellas.floridahealth.gov/programs-and-services/infectious-disease-services/disease-reporting

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Prevention, Preparation, and Surveillance

What is an Outbreak?

An outbreak refers to an increase in the number of cases of a disease above what is normally expected in a specific population over a given period. Immediately report outbreaks to the Florida Department of Health in Pinellas County (DOH-Pinellas) at 727-824-6932.

Prevention Practices

Routine practices are instrumental in preventing infection transmission and should be implemented by all staff and students. Keeping students and staff healthy involves three main measures:

1. Strengthen Resistance to Infections

- Ensure up to date and on time immunizations with recommended vaccine schedules.
- Promote heathful nutrition, and encourage adequate sleep and exercise
- Include health education in the curriculum
- Follow healthful practices (hand hygiene, cough and sneeze etiquette, and oral hygiene).

2. Structure and Manage the Environment

- Provide adequate space and bathrooms appropriate for the number of attendees and staff.
- Avoid using the floor to change diapers, training pants or soiled underwear.
- Choose smooth surfaces that are easily cleaned. Soft materials should be machine-washable and washed often.
- Establish separate food preparation areas with no other purposes.
- Ensure heating, ventilation and air conditioning meet current health standards.
- Practice Integrated Pest Management.

3. Reduce the Number of Harmful Germs

- Enforce hand hygiene.
- Follow routine schedules for surface hygiene.
- Follow appropriate procedures when exposed to body fluids.
- Exclusion of ill children and adults when necessary.

Pre-Outbreak Preparation

Thorough planning and early detection can impact the course and severity of an outbreak. Follow this general preparation advice for efficient outbreak response:

- Utilize a Child Care Health Consultant and School Health Personnel
    - Have a health professional work in collaboration with educators to identify and implement measures to reduce illness. Maintain an ongoing relationship with them for consultation and technical assistance, as well as advice on infection control and outbreak management.
- Establish written health policies to clarify the responsibilities of each staff member and consultants.
- Ensure disinfection products and specimen collection containers are in stock and not expired.
- Ensure appropriate personal protective equipment is easily accessible to all staff members.
- Choose an easily accessible place to keep all supplies and report forms so they are available during an outbreak.
- Perform a risk assessment to monitor prevalence and identify hazards.

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Routes of Transmission

Close personal contact and inadequate hand hygiene of young children in group care settings provide opportunities for the spread of germs. Many germs can be spread by children who do not appear ill, which is why it is important to use certain precautions all the time.

Contact with People or Objects: Infection can spread through contact with an infected area of someone's body and any substance or surface that holds infectious material.

Fecal-Oral: Germs can spread by the fecal-oral route when microscopic amounts of fecal matter (poop) get into the mouth. Transmission occurs when someone prepares or feeds food after touching a contaminated surface without adequate hand hygiene.

Respiratory: Airborne droplets form when a person coughs or sneezes, and nearby people can inhale these droplets.

Blood, Urine, and Saliva: Some infections can spread through contact of contaminated blood with mucous membranes or an open cut.

The Role of the Local Health Department

A designated individual at the facility should be responsible for infection control activities, including coordination of staff, control measure implementation, and general communication. This person should also be responsible for surveillance and identification of disease rates, so appropriate action can be taken quickly.

The Florida Department of Health in Pinellas County is responsible for responding to outbreaks, providing guidance, and acting as a resource for all facilities. The objectives of an outbreak investigation include:

- Confirm presence of an outbreak.
- Determine the source and spread of the infection.
- Obtain specimen samples for organism identification (when appropriate).
- Recommend appropriate control measures.

Gastrointestinal Illness

Gastrointestinal illness (GI) is one of the most common types of outbreaks in childcare facilities, and can be caused by **parasites** (*Cryptosporidium*), **viruses** (norovirus, hepatitis A), and **bacteria** (*E. coli, Salmonella*).

How it's spread: Person to person via fecal-oral route OR contaminated food, water and objects

Symptoms:

- **Bacteria:** loss of appetite, nausea, vomiting, diarrhea, abdominal pain, blood in stool, fever
- **Viruses:** watery diarrhea, nausea and vomiting, headache, muscle aches
- **Parasites:** diarrhea, mucous/blood in stool, nausea, vomiting, severe abdominal pain

Duration: GI illness caused by viruses can last as little as 48 hours, those caused by bacteria can last for days, and those caused by parasites can last a couple of weeks.

Gastrointestinal Illness: Any combination of diarrhea (≥ 3 loose stools in 24 hours), vomiting, abdominal pain, with or without fever

Gastrointestinal Illness Outbreak: Two or more cases of GI illness with similar symptoms occurring within 72 hours among children or staff who share an exposure or are in close contact (from different households).

- Hepatitis A: One or more cases in children or staff, or cases in two or more households of center attendees within the maximum incubation period.

Precautions

- Promote routine and thorough hand hygiene among attendees and staff.
- Staff and attendees should wash their hands after using or helping a child use the toilet
- Encourage hand hygiene after returning from the playground and before handling food.
- Reinforce good diapering practices, and regularly disinfect surfaces and objects.
- Staff should wash produce before serving. Ill staff should not prepare food or care for children.

Reporting Process

Facilities are required to notify DOH-Pinellas upon suspicion of a GI outbreak. The line list (*Appendix ii*) should be continuously updated for the duration of the outbreak and faxed to DOH- Pinellas at 727-484-3865.

Outbreak Management and Control Measures

- Maintain a log of all ill individuals, sending updated lists to DOH-Pinellas.
- Inform staff and guardians about the outbreak through posted notices at entrances and letters home.
- Have the facility undergo terminal cleaning
  - Thoroughly clean toys, chairs, tables, bathrooms, doorknobs, and any other accessible items.
- Keep staff and attendees in their assigned groups. Do not share staff or equipment between classes.
- Enforce proper hand washing. Hold staff in-services on proper hand washing and control protocols.
- Exclude attendees and staff until 48 hours after vomiting or diarrhea resolve.
  - Some diseases require further testing with DOH-Pinellas prior to readmission.
- Consider halting the acceptance of new attendees or staff into the facility.

Treatment: Treatments for a GI illness differ by the cause of illness. It is important to keep children hydrated, utilizing medication and/or antibiotics when necessary. Treatment should be determined by a medical provider.

Declaring the Outbreak Over

Outbreak control measures can be lifted after two incubation periods of the suspected illness have passed without any new cases. This is usually 48-96 hours but is decided based on specific outbreak characteristics.

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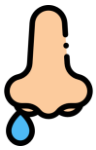
Respiratory Illness

Respiratory illnesses are common and can be caused by many different organisms, such as influenza viruses, pneumococci, and RSV.



Mode of Transmission: respiratory droplets, direct and/or indirect contact
Symptoms: fever, cough, sore throat, runny nose, congestion, and muscle aches
Duration: 2 - 10 days (contagious 24 hours prior to symptom onset)

Influenza-Like Illness (ILI): Fever ≥ 100°F (orally) AND cough or sore throat

Upper Respiratory Illness (URI): Viral infection affecting the nose, throat, and airways

Influenza Outbreak: Suspected when two or more new cases of ILI occur within 72 hours, confirmed when at least one case has a positive laboratory result for influenza

Precautions

- Ensure vaccinations are current. Maintain up to date records in an accessible location.
- Follow proper coughing and sneezing etiquette.
- Follow proper hand hygiene protocol. Discourage touching of the eyes, nose, or mouth.
- Regularly disinfect surfaces.
- Discourage staff and students from coming to school if they are sick.

Reporting Process

Upon Suspicion of an Influenza outbreak, facilities are required to notify DOH-Pinellas. The line list (*Appendix iii*) should be continuously updated throughout the outbreak and faxed to DOH- Pinellas at 727-484-3865.

Outbreak Management and Control Measures

- Maintain a log of all ill students and staff that includes: names, dates of birth, gender, grade, symptoms, symptom onset date, and parent name and phone number.
- Exclude ill faculty, staff, and students who meet the ILI case definition until they are fever-free for 24 hours without using fever-reducing medication (e.g., acetaminophen, ibuprofen).
- Post notice of the outbreak at entry points in facility and post educational materials in common areas.
- Send a letter home to inform parents.
- Emphasize good hand hygiene techniques with soap and water or alcohol-based hand-rub.
- Frequent cleaning of common areas. Shared items must be cleaned and disinfected before re-use.

Treatment and Prophylaxis: If a child or staff member has suspected or laboratory confirmed influenza, they should discuss antiviral treatment with their doctor. Treatment is most effective if given within 48 hours of symptom onset.

Declaring the Outbreak Over

Outbreak control measures can be lifted after two incubation periods of the suspected pathogen has passed with no new illness.

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Rash Illness

Cases of scabies and hand-foot-and-mouth disease are common in childcare facilities due to the group setting and shared objects. Outbreaks can occur if appropriate control measures are not implemented quickly.

Hand-Foot-and-Mouth disease (HFMD)

HFMD is a viral disease caused by coxsackievirus A16 and enterovirus 71 that usually affects infants and young children. It is transmitted through respiratory droplets, contaminated objects, or the fecal-oral route.The initial symptoms include fever, reduced appetite, sore throat, and malaise. Within two days of fever onset, sores develop in the mouth. They begin as small red spots that turn into ulcers. A non-itchy rash of red spots, some with blisters, develops on the palms, soles of the feet, and sometimes the buttocks.

Incubation and Contagious Period: The incubation period lasts 3-6 days. The virus may shed for weeks to months in the stool after the infection starts, but respiratory shedding is usually limited to one to three weeks.

Precautions: Enforce proper handwashing and practice proper cough and sneeze etiquette. Assign a staff member responsible for reporting HFMD outbreaks, determining exclusion criteria, and completing line lists.

Outbreak Management and Control Measures:

- Increase cleaning and disinfecting of frequently touched surfaces and soiled items.
- Avoid close contact such as kissing, hugging, or sharing utensils.

There is no vaccine or treatment for HFMD. Keep children hydrated and treat fever and pain as needed.

Scabies

Scabies is an infestation of the skin by the human itch mite. It spreads easily in crowded conditions, as transmission occurs through prolonged skin-to-skin contact and shared clothing or bedding. Symptoms may take up to 4 to 6 weeks to appear, which include intense itching and a pimple-like rash. An infested person is infectious without showing symptoms, and the mites can live for 1-2 months on skin and for 72-48 hours on objects.

Precautions: Avoid overcrowding, shared bedding/clothing and prolonged skin-to-skin contact. Maintain records of those previously infested, as they are more prone to reinfestation. Familiarize staff and family members with the appearance of the rash, and inform children's families to notify the facility if anyone in the household is diagnosed with scabies.

Reporting Process

Upon suspicion of an outbreak, notify DOH-Pinellas and fax an updated line list (*Appendix iv*) to 727-484-3865.

Outbreak Management and Control Measures:

- Treatment of close contacts is recommended, even if no symptoms are present.
- Exclude affected individual from group settings until treatment is completed.
- Post health alert notices at entrances and throughout the facility. Minimize shared staff between rooms.
- Launder bedding and clothing, and items that cannot be washed should go in plastic bags for 4 days.

Treatment: Removal from body: Oral/topical prescriptions. Removal from home: Wash clothing and bedding at high temperature, place objects that cannot be washed in a bag for 4 days, vaccuum affected areas.

Declaring the Outbreak Over

Sequential skin assessments should be implemented into routine practices for the 6-week incubation period to detect reoccurrence. If no additional infestations occur, the outbreak can be declared over

Common Reportable Diseases

Certain diseases must be reported to the county health department, **even if only one case occurs**. These reportable diseases are defined by Florida Statutes (*Appendix i*), and childcare facilities should be familiar with these conditions as some of them are common among children.

Varicella: Chickenpox is caused by the varicella-zoster virus, which spreads easily from people with chickenpox to others without history of the disease or vaccine.

- Transmission: Contact with blister fluid and inhalation of lesion fluid or respiratory droplets
- Symptoms: Itchy rash with fluid-filled blisters, fever, and tiredness within 10 to 21 days
- Readmit once all blisters have scabbed over (usually 6 days after start of rash)

The most effective prevention is vaccination, so ensure children and staff have received two doses of the vaccine. Train staff to identify the appearance of the rash. Promote proper cough and sneeze etiquette. Teach and enforce proper handwashing. Clean and sanitize toys, surfaces, and other objects daily.

Pertussis: Whooping cough is a highly contagious bacterial disease, which causes violent coughing episodes that make it hard to breathe.

- Transmission: Airborne droplets spread through coughing and sneezing.
- Infected people are most contagious 2 weeks after the cough begins.
- Readmit after five days of appropriate antibiotic treatment

Vaccination is the best way to protect against pertussis, and boosters are required many times throughout life. Being up-to-date with the pertussis vaccine is especially important for families and caregivers to new babies, as babies are at a high risk of complications. Pertussis transmission can be prevented by following similar hygiene practices described for other respiratory illnesses.

Salmonellosis: This infection is caused be *Salmonella* bacteria. Children are at the highest risk for salmonellosis, particularly children under the age of 5.

- Fecal-oral transmission: Consumption of contaminated food or person-to-person contact.
- Symptoms: Diarrhea, fever, and abdominal cramps within 12 to 72 hours and lasts 4 to 7 days
- Complications: Infection spreads from intestine to blood stream, and then to other body sites.
- Further testing with DOH-Pinellas is required prior to readmission.

Salmonella is found in many foods, including eggs, chicken, pork, fruits, vegetables, nut butters, and frozen dishes. The bacteria can spread from animals to people and from people to people. Prevention measures are similar to those used against other GI illnesses. Proper hand hygiene, food storage, and food preparation practices are key prevention measures.

Shigellosis: *Shigella* bacteria cause this infectious disease. Young children are the most likely to get shigellosis, and many outbreaks occur in childcare settings. The infection is highly contagious, and it commonly spreads from young children to their family and wider community members.

- Fecal-oral transmission: person-to-person contact or contaminated food, water, or objects
- Symptoms: Diarrhea, fever, and abdominal cramps within 1 to 2 days and lasts 5 to 7 days. Some infected people have no symptoms but can still spread the bacteria.
- Further testing with DOH-Pinellas is required prior to readmission.

No vaccine is available for Shigella, so the best prevention includes proper hand hygiene, diaper-changing habits, and food safety practices. A lake or untreated pool can become contaminated if an infected person enters the water, so encourage staff and attendees not to swallow the water at recreational water sites.

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Appendix

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i. Online Resources

ii. Reportable Diseases/Conditions in Florida

iii. Line List for GI Outbreaks in Childcare Facilities

iv. Line List for ILI/Respiratory Outbreaks in Childcare Facilities

v. Line List for Rash Outbreaks in Childcare Facilities

Online Resources

EPA: Indoor Air Quality Design for Schools

EPA: Integrated Pest Management Principles

CDC: Handwashing

Routine Schedule for Cleaning, Sanitizing, and Disinfecting

Standard and Universal Precautions in Child Care Setting

Managing Infectious Diseases in Child Care Setting: Signs and Symptoms Chart

CDC: Coughing & Sneezing.

CDC: Cleaning & Disinfecting Schools

FDOH: Influenza Resources

CDC: Diaper Changing Steps for Childcare Settings

EPA-Approved Disinfectants

Mayo Clinic: Reye's Syndrome

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Per Rule 64D-3.029, Florida Administrative Code, promulgated October 20, 2016

Florida Department of Health

Did you know that you are required* to report certain diseases to your local county health department (CHD)?

You are an invaluable part of disease surveillance in Florida!
Please visit www.FloridaHealth.gov/DiseaseReporting for more information. To report a disease or condition, contact your CHD epidemiology program (www.FloridaHealth.gov/CHDEpiContact). If unable to reach your CHD, please call the Department's Bureau of Epidemiology at (850) 245-4401.

- ! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
- ☎ Report immediately 24/7 by phone
- • Report next business day
- + Other reporting timeframe

- ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
- + Acquired immune deficiency syndrome (AIDS)
- ☎ Amebic encephalitis
- ! Anthrax
- • Arsenic poisoning
- ! Arboviral diseases not otherwise listed
- • Babesiosis
- ! Botulism, foodborne, wound, and unspecified
- • Botulism, infant
- ! Brucellosis
- • California serogroup virus disease
- • Campylobacteriosis
- + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
- • Carbon monoxide poisoning
- • Chancroid
- • Chikungunya fever
- ☎ Chikungunya fever, locally acquired
- • Chlamydia
- ! Cholera (*Vibrio cholerae* type O1)
- • Ciguatera fish poisoning
- + Congenital anomalies
- • Conjunctivitis in neonates <14 days old
- • Creutzfeldt-Jakob disease (CJD)
- • Cryptosporidiosis
- • Cyclosporiasis
- ! Dengue fever
- ! Diphtheria
- • Eastern equine encephalitis
- • Ehrlichiosis/anaplasmosis
- • *Escherichia coli* infection, Shiga toxin-producing
- • Giardiasis, acute
- ! Glanders
- • Gonorrhea
- • Granuloma inguinale
- ! *Haemophilus influenzae* invasive disease in children <5 years old
- • Hansen's disease (leprosy)
- ☎ Hantavirus infection
- ☎ Hemolytic uremic syndrome (HUS)
- ☎ Hepatitis A
- • Hepatitis B, C, D, E, and G
- • Hepatitis B surface antigen in pregnant women and children <2 years old
- ☎ Herpes B virus, possible exposure
- • Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- + Human immunodeficiency virus (HIV) infection
- • HIV-exposed infants <18 months old born to an HIV-infected woman
- • Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old
- ! Influenza A, novel or pandemic strains
- ☎ Influenza-associated pediatric mortality in children <18 years old
- • Lead poisoning (blood lead level ≥5 µg/dL)
- • Legionellosis
- • Leptospirosis
- ☎ Listeriosis
- • Lyme disease
- • Lymphogranuloma venereum (LGV)
- • Malaria
- ! Measles (rubeola)
- ! Melioidosis
- • Meningitis, bacterial or mycotic
- ! Meningococcal disease
- • Mercury poisoning
- • Mumps
- + Neonatal abstinence syndrome (NAS)
- ☎ Neurotoxic shellfish poisoning
- ☎ Paratyphoid fever (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)
- ☎ Pertussis
- • Pesticide-related illness and injury, acute
- ! Plague
- ! Poliomyelitis
- • Psittacosis (ornithosis)
- • Q Fever
- ☎ Rabies, animal or human
- ! Rabies, possible exposure
- ! Ricin toxin poisoning
- • Rocky Mountain spotted fever and other spotted fever rickettsioses
- ! Rubella
- • St. Louis encephalitis
- • Salmonellosis
- • Saxitoxin poisoning (paralytic shellfish poisoning)
- ! Severe acute respiratory disease syndrome associated with coronavirus infection
- • Shigellosis
- ! Smallpox
- ☎ Staphylococcal enterotoxin B poisoning
- ☎ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- • *Streptococcus pneumoniae* invasive disease in children <6 years old
- • Syphilis
- ☎ Syphilis in pregnant women and neonates
- • Tetanus
- • Trichinellosis (trichinosis)
- • Tuberculosis (TB)
- ! Tularemia
- ☎ Typhoid fever (*Salmonella* serotype Typhi)
- ! Typhus fever, epidemic
- ! Vaccinia disease
- • Varicella (chickenpox)
- ! Venezuelan equine encephalitis
- • Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- ! Viral hemorrhagic fevers
- • West Nile virus disease
- ! Yellow fever
- ! Zika fever

***Coming soon*: "What's Reportable?" app for iOS and Android**

Line List for GI Outbreaks in Childcare Facilities

Facility Name: _____ Date:_____

Contact Person: _____ Census (Student/Staff): _____

Name of Attendee (Indicate staff or child)	Date of Birth	Parent/Guardian Name	Parent/Guardian Phone Number	Classroom	Onset Date	Symptoms	Specimen Collected?	Date Specimen Collected	Test Result

Symptom Legend: nausea = N, vomiting = V, diarrhea = D, abdominal pain = AP, blood in stool = BS, fever = F

If you need more room, please make copies of the line list before filling it out.

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Line List for ILI/Respiratory Outbreaks in Childcare Facilities

Facility Name: _____ Date:_____

Contact Person: _____ Census (Student/Staff): _____

Name of Attendee (Indicate staff or child)	Date of Birth	Parent/Guardian Name	Parent/Guardian Phone Number	Classroom	Date(s) Absent	Flu Vaccination Status	Symptoms	Comments

Symptom Legend: fever = F, cough = C, sore throat = ST, runny nose = RN, congestion = CN, muscle aches = MA, headache = HA

If you need more room, please make copies of the line list before filling it out.

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Line List for Rash Outbreaks in Childcare Facilities

Facility Name: _____ Date:_____

Contact Person: _____ Census (Student/Staff): _____

Name of Attendee (Indicate staff or child)	Date of Birth	Parent/Guardian Name	Parent/Guardian Phone Number	Classroom	Symptoms	Rash Description	Date Symptoms Started	Date Symptoms Resolved	Date Specimen Collected	Test Result or Provider Diagnosis

Symptom Legend: fever = F, reduced appetite = RA, sore throat = ST, tiredness = T

If you need more room, please make copies of the line list before filling it out.

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