



HCID PUI & Positive Cases in Central Florida Notification Process & Templates

Process:

- **Hospitals will identify key individuals (1-2) responsible for quickly and discretely communicating with the Coalition on persons under investigation or positive cases of high consequence infection diseases that emerge in Central Florida. These individuals could include e.g., hospital epidemiologists, infection preventionists, emergency managers, etc and they would:**
 - **Notify the Coalition within 24 hours of receipt of a PUI or confirmation of a positive case, using the template below**
 - **Receive notice from the Coalition of positive cases**
- **The Coalition will notify the designated hospital contacts above as well as Region 5 emergency managers, and county health departments immediately upon receipt of notification of a positive case by a hospital, using the script below.**



HCID PUI/Positive Case in Central Florida - Notification Key Points

Hospital _____ has identified _(number)_ patient(s) to be patients under investigation (PUI) or positive for a high consequence infectious disease. The following should be described for EACH patient who is confirmed.

- Patient risk factors include:
 - Travel from _____
 - Close contact with person who has tested positive _____
 - Other _____
- Dates of travel:
- Dates of “likely” exposure(s) period:
- Symptom onset:
- Severity of illness (as per initial setting):
 - Ambulatory – (ED → discharged)
 - Inpatient – (ED → hospitalization)
 - Inpatient – ICU/monitored bed – (if known)
- Number of close contacts to patient (I.e. family members living in same household) that are now PUI _____

Please provide information to Lynne Drawdy, Executive Director of Central Florida Disaster Medical Coalition at info@centralfldisaster.org



Coalition Notification Script:

On **XX/XX/XX**, the Central Florida Disaster Medical Coalition received notification of a PUI or confirmed case of a high consequence infectious disease in Central Florida. Patient risk factor is **(travel, close contact with person who tested positive, other)**. The dates of travel or exposure was **X**. Symptom onset was **X**. Severity of illness is **X**. Number of close contacts who are now PUIs are **X**.