



Please fax to
DPHHS CEpi
(800)616-7460

OUTBREAK REPORTING FORM					
First ill onset:*		LHJ notified:*		DPHHS notified:	
Outbreak identified:		Investigation started:*		Control measures implemented:*	
Last ill onset:		Outbreak closed:		<input type="radio"/> Initial <input type="radio"/> Update <input type="radio"/> Final	

BACKGROUND						
Population	Number ill:	residents/ attendees	staff	Total population exposed:	residents/ attendees	staff
Settings	<input type="checkbox"/> Hospital		<input type="checkbox"/> Long Term Care		<input type="checkbox"/> Assisted Living	
	<input type="checkbox"/> Food establishment		<input type="checkbox"/> Catered Event/wedding		<input type="checkbox"/> Community	
	<input type="checkbox"/> Day care/ pre school		<input type="checkbox"/> K-12 Elementary		<input type="checkbox"/> Other: _____	
Geography	Name of facility: _____		City: _____		County: _____	
	Ill cases from reporting jurisdiction only? <input type="radio"/> Y <input type="radio"/> N If no, list others: _____					
Category	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> Rash	<input type="checkbox"/> Other: _____		
Etiology	Pathogen: _____			<input type="radio"/> confirmed <input type="radio"/> suspected	Incubation period: _____	
Route of transmission	<input type="checkbox"/> Foodborne	<input type="checkbox"/> Waterborne	<input type="checkbox"/> Person-to-person	<input type="checkbox"/> HAI		
	<input type="checkbox"/> Environmental	<input type="checkbox"/> Animal	<input type="checkbox"/> Indeterminate/ unknown			

METHODS			
Outbreak case definition	_____		
Investigation methods	<input type="checkbox"/> Interview with lead staff	<input type="checkbox"/> Facility visit	<input type="checkbox"/> Environmental assessment
	<input type="checkbox"/> Interviews with ill persons/ survey	<input type="checkbox"/> Chart review	<input type="checkbox"/> Specimen collection
	<input type="checkbox"/> Other, please specify: _____		
Data Analysis	<input type="checkbox"/> Descriptive Epidemiology	<input type="checkbox"/> Cohort study	<input type="checkbox"/> Case-control study

(Please attach all relevant investigation tools (e.g. epidemic curves, line lists, questionnaires))

RESULTS						
Clinical Findings	# of cases		Epidemiology	# of cases		Laboratory
<u>Symptoms</u>	Residents / attendees	Staff	<u>Age Group</u>	Residents / attendees	Staff	<u>Gender</u>
<input type="checkbox"/> Diarrhea			<1 year			Male
<input type="checkbox"/> Vomiting			1-4 years			Female
<input type="checkbox"/> Fever			5-9 years			
<input type="checkbox"/> Cough			10-19 years			<u>Medical</u>
<input type="checkbox"/> Rash			20-49 years			HCP visit
<input type="checkbox"/>			50-74 years			ER visit
<input type="checkbox"/>			>75 years			Hospitalized
<input type="checkbox"/>			unknown			Died
						Samples submitted for testing? <input type="radio"/> Y <input type="radio"/> N
						# positive
						Test results:
						(Please attach all associated laboratory results)

State ID: _____
 NORIS ID: _____
 Reporting Jurisdiction: _____
 MIMWR Year: _____
 MIMWR Week: _____

CONCLUSION

Please summarize this outbreak briefly:

DISCUSSION/ LIMITATIONS

Please discuss any issues that arose during this outbreak investigation that may require improvement:

RECOMMENDATIONS/ CONTROL MEASURES

- | | | |
|---|---|---|
| <input type="checkbox"/> Hygiene education | <input type="checkbox"/> Prophylaxis | <input type="checkbox"/> Environmental Testing |
| <input type="checkbox"/> Staff exclusion | <input type="checkbox"/> Contact tracing | <input type="checkbox"/> Sample collection |
| <input type="checkbox"/> Environmental cleaning | <input type="checkbox"/> Ward/ school closure | <input type="checkbox"/> Education materials provided |
| <input type="checkbox"/> Cohort ill residents | <input type="checkbox"/> Visitor restrictions | <input type="checkbox"/> Case isolation |
| <input type="checkbox"/> Assign staff to sections | <input type="checkbox"/> Group activities cancelled | <input type="checkbox"/> Training |
| <input type="checkbox"/> Other: | | |

(Please attach all relevant materials that were disseminated (e.g. announcements, notices, letters)

ACTIONS		KEY INVESTIGATORS			
	Date	Name	Title	Affiliation	Contact information
<input type="checkbox"/> HAN issued					
<input type="checkbox"/> Press release					
<input type="checkbox"/> Epi Team activated					
<input type="checkbox"/> Notification letter					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Additional comments:

State ID: _____ NORIS ID: _____ Reporting Jurisdiction: _____ MIMWR Year: _____ MIMWR Week: _____