

SHORT OUTBREAK REPORTING FORM

Use this form for outbreaks reported that are caused by a pathogen that is not individually reportable per ARM 37.114.203. (i.e. scabies, head lice, HFMD). For all other outbreaks use the Outbreak Reporting Form CD027. Please fax completed form to DPHHS at 1-800-616-7460.

IMPACT

Pathogen: _____ suspected confirmed

Jurisdiction: _____

Setting: _____

Est. number of people ill: _____

Est. number of people exposed: _____

PREVENTION

When was this reported to local health jurisdiction? _____

What interventions have been put in place by facility? _____

What resources were provided to facility after report? _____

Follow up required? Yes No

Additional comments: _____

Investigator Name: _____

Date Completed: _____