



Please fax to  
DPHHS CDEpi  
(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:		Initial Update	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 [Elem Midde High]		<input type="checkbox"/> Other: _____	
Geography	Name of facility: _____		City: _____		County: _____	
	Ill cases from reporting jurisdiction only? Y N If no, list others: _____					
Category	<input type="checkbox"/> Respiratory		<input type="checkbox"/> Gastrointestinal		<input type="checkbox"/> Rash	
	<input type="checkbox"/> Other: _____					
Etiology	Pathogen:			confirmed	suspected	Incubation period:
Route of transmission	<input type="checkbox"/> Foodborne		<input type="checkbox"/> Waterborne		<input type="checkbox"/> Person-to-person	
	<input type="checkbox"/> Environmental		<input type="checkbox"/> Animal		<input type="checkbox"/> HAI	
	<input type="checkbox"/> Indeterminate/ unknown					

METHODS			
Outbreak case definition	<div style="border: 1px solid black; height: 30px;"></div>		
Investigation methods	Interview with lead staff	<input type="checkbox"/> Facility visit	<input type="checkbox"/> Environmental assessment
	Interviews with ill persons/ survey	<input type="checkbox"/> Chart review	<input type="checkbox"/> Specimen collection
	Other, please specify:		
Data Analysis	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
			50-74 years			ER visit
			>75 years			Hospitalized
<input type="checkbox"/>			unknown			Died
						Samples submitted for testing? Y 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					

Additional comments:

State ID: \_\_\_\_\_ NORIS ID: \_\_\_\_\_ Reporting Jurisdiction: \_\_\_\_\_ MIMWR Year: \_\_\_\_\_ MIMWR Week: \_\_\_\_\_