

## 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:** \_\_\_\_\_