**Instructions: For Local Health Department/Regional Epidemiologist:** This form to be completedin lieu of a more disease-specific outbreak form where none is available. For complex outbreaks, a full written report is more appropriate for documentation. Consult an experienced epidemiologist for assistance. Be sure to fill in all fields to ensure completeness of the report. Reports should be submitted within 30 days from closing the outbreak. Once you have completed this form please fax it to the Division of Infectious Disease Epidemiology (DIDE) at 304-558-8736.

**Outbreak number**:

**Contact information for person who first notified health department about the outbreak:**

Reported By:       Affiliation:       Date Reported: Click here to enter a date.

Person Contacted:       Affiliation:

Date investigation initiated by agency: Click here to enter a date.

Name(s) Report Prepared By:      Title(s):

County:       Region:       Telephone:

**Introduction and Background (info in this section should be what is reported at the time of initial report):**

Who was affected? Describe the population impacted by the illness:

Describe the illness (What?):

When did the illness occur? Date of initial onset: Click here to enter a date.

Where was the illness occurring?

If the illness is occurring in a facility or school, complete the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Residents/Attendees** | | **Staff** | |
| # ill residents/attendees |  | # ill staff |  |
| Total # residents/attendees |  | Total # staff |  |

Facility Name:       County:

Facility Address:

Name of Facility Contact:

Facility Type: Nursing Home Assisted Living School Other, specify:

Why was the illness occurring? If applicable, include appropriate information about early hypothesis to explain disease occurrence:

**Methods:**

**Case Definition** (provide case definition used for this outbreak)

Probable case definition:

Confirmed case definition:

**Investigation Methods (check all that apply):**

Defined & identified cases

Line List

Interviewed ill persons

Reviewed medical records

Requested laboratory confirmation; specify:

Requested special laboratory analysis; specify:

Spoke with infection preventionist; specify:

Spoke with facility administrator; specify:

Site visit; describe:

Conference calls with facility; describe:

Conducted interviews or survey; describe:

Implemented environmental assessment; describe:

Other, specify:

**Results: (Info in this section should be what is reported at the time of outbreak closure)**

**Describe the number of persons reported ill and the number of persons who met the case definition:**

**Alternatively, if the outbreak occurred in a facility, complete the following table:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Residents/Attendees** | | **Staff** | |
| Final # of residents ill\* |  | Final # of stall ill |  |
| Total # residents/attendees |  | Total # of staff/attendees |  |

\*Number who meets probable or confirmed case definition used for outbreak

**Epidemiological Findings** (please attach/provide the following as available):

Epi curve Descriptive Epidemiology

**Laboratory Results:**

      Patients Tested       Number positive Positive for

Testing method:

Special methods, e.g., molecular typing:

**Environmental Investigation: Summarize or attach report of environmental investigation:**

**Conclusion:**

A (Specify Mode of Transmission) outbreak of (Enter type of outbreak) occurred at (Enter facility or location) that affected       cases/residents/attendees of       (# total residents/attendees) and       staff of       total staff. Illness onsets ranged from Click here to enter a date. to Click here to enter a date.

**Recommendations:**

During this outbreak, the following recommendations were made to control this outbreak and prevent similar future outbreaks (check all that apply):

Outbreak reporting: report outbreaks immediately to the local health department

Surveillance or case-finding recommendations; specify:

Laboratory diagnosis recommendations specify:

General infection prevention or control recommendations specify:

Hand Hygiene

Cough etiquette

Exclude ill from work/school

Environmental Cleaning; specify:

Education; specify:

Food safety recommendations; specify:

Exclude ill food handlers as directed by LHD

Treatment provided:

Prophylaxis of:        
 Other (specify):

Other (specify):

Other (specify):

**Additional Comments:**