

West Virginia Bureau for Public Health General Outbreak Report Form

Instructions: For Local Health Department/Regional Epidemiologist: This form to be completed in 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: _____
 Person Contacted: _____ Affiliation: _____
 Date investigation initiated by agency: _____
 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: _____

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: _____

Confidential: Distribute as necessary

Office of Epidemiology and Prevention Services
 Division of Infectious Disease Epidemiology
 350 Capitol St., Room 125, Charleston, WV, 25301
 Phone: 304-558-5358; Fax: 304-558-8736
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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 staff 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: _____

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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 _____ to _____

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: _____

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