

## West Virginia Bureau for Public Health Vaccine Preventable Outbreak Report Form

**Instructions:** Please complete this report form for all Vaccine Preventable Diseases (VPD) outbreaks. Be sure to fill in all fields to ensure completeness of the report. Reports should be submitted within 30 days from closing the outbreak. Completing this report will meet Threat Preparedness grant requirements and reporting elements needed for evaluation of how outbreaks are investigated throughout WV. Please fax completed forms to the Office of Epidemiology and Prevention Services at 304-558-8736 or email to your state outbreak contact.

**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 should be what is reported at the time of **initial report**):

**Who:** Describe the population impacted by the illness: \_\_\_\_\_

Suspected Clinical Diagnosis:

- Varicella (Chickenpox)     Measles     Mumps     Rubella (German measles)  
 Pertussis (Whooping Cough)     Other, specify: \_\_\_\_\_

Date of initial onset: [Click here to enter a date.](#)

**Where:** Location of outbreak:     School-List all affected grades: \_\_\_\_\_     Daycare

Community *If community based, specify City and County:* \_\_\_\_\_

Other, specify: \_\_\_\_\_

If the illness is occurring in a facility, school, or daycare, 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: \_\_\_\_\_

**When:**

Date of onset for first case:

Date of onset for last known case:

**What:** Describe Clinical Findings

**Predominant Symptoms of Illness (check all that apply):**

- Rash    Fever    Cough    Runny nose    Swollen glands    Conjunctivitis  
 Other, please specify: \_\_\_\_\_

**INVESTIGATION METHODS:**

**Investigative Activities (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Site visit; indicate who _____        | <input type="checkbox"/> Reviewed charts or other documents       |
| <input type="checkbox"/> Phone interview of the facility staff | <input type="checkbox"/> Defined/identified cases using line list |
| <input type="checkbox"/> Conducted interviews or survey        | <input type="checkbox"/> Collected Specimens                      |
| <input type="checkbox"/> Interviewed cases/parents             | <input type="checkbox"/> Descriptive Epi/ Epi Curve               |
| <input type="checkbox"/> Contact tracing                       | <input type="checkbox"/> Other (specify): _____                   |
|  | <input type="checkbox"/> Other (specify): _____                   |

**Case definition:**

- Used CDC surveillance case definition  
 Other, please specify: \_\_\_\_\_

**RESULTS** (please attach any epidemic curve and/or other data analysis)

**Epidemiological Information:**

Average Duration of illness: \_\_\_\_\_ Days

	Community members, residents, students or attendees	Staff (if a facility, school or daycare)
Total # in community/facility:		
# Exposed:		
# Ill:		
# Meeting PROBABLE case definition:		
# Meeting CONFIRMED case definition:		
# Vaccinated and up to date prior to outbreak:		
# Vaccinated but NOT up to date prior to outbreak (e.g., received 1 dose when 2 doses are recommended):		
# NOT vaccinated at all:		
# Vaccinated AFTER outbreak:		
# Received post-exposure prophylaxis (other than vaccination):		
# Non-immune excluded from school/ daycare or furloughed from work:		
# Admitted to hospital:		
# Deaths:		

Baseline vaccination rate at facility: \_\_\_\_\_

### Laboratory Information

# Specimen collected: \_\_\_\_\_ # Specimen negative: \_\_\_\_\_  
# Specimen positive: \_\_\_\_\_ # Specimen inconclusive/not tested: \_\_\_\_\_  
Specimen type: \_\_\_\_\_ Type of test (e.g., PCR, Serology): \_\_\_\_\_  
Was the etiologic agent confirmed by laboratory testing?  Yes  No  
If yes, please list the agent: \_\_\_\_\_

### Public Health Interventions/Control Measures:

- |   |   |
|---|---|
| <input type="checkbox"/> Infection Control, specify: _____  | <input type="checkbox"/> Post-exposure vaccination recommended/administered |
| <input type="checkbox"/> Isolation of suspect/confirmed cases   | <input type="checkbox"/> Non-immune excluded/furloughed                     |
| <input type="checkbox"/> Contact Tracing  | <input type="checkbox"/> Other, please specify: _____                       |
| <input type="checkbox"/> Post-exposure prophylaxis recommended/administered                           |   |
| <input type="checkbox"/> Notification/Education of Contacts- Date education was first provided: _____ |   |

### CONCLUSION/DISCUSSION:

A person-to-person outbreak of \_\_\_\_\_ occurred at \_\_\_\_\_ that affected \_\_\_\_\_ community members/residents/attendees and \_\_\_\_\_ staff members. Illness onsets ranged from [Click here to enter a date.](#) to [Click here to enter a date.](#) Treatment was given to \_\_\_\_\_ ill persons and \_\_\_\_\_ staff. Prophylaxis was given to \_\_\_\_\_ contacts and \_\_\_\_\_ households. \_\_\_\_\_ persons were vaccinated.

### RECOMMENDATIONS/LESSONS LEARNED:

- Improve timeliness of reporting to the local health department
- Provide vaccine clinics
- Provide educational in-service
- Improve vaccination rates at facility
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**Additional Information or Notes:** \_\_\_\_\_