

Scabies Outbreak Final Report Form

Investigation Methods (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Spoke with Infection Preventionist/Administrator
<input type="checkbox"/> Site visit
<input type="checkbox"/> Conference call with Facility
<input type="checkbox"/> Defined & identified cases | <input type="checkbox"/> Conducted interviews or survey
<input type="checkbox"/> Confirmed diagnosis
<input type="checkbox"/> Performed environmental assessment
<input type="checkbox"/> Other, specify: |
|---|--|

Data Collection (Check all that apply):

- Line list Facility report of cases
 Other, please specify:

Data Analysis:

- Descriptive (e.g., epi curve, attack rates)
 Other, please specify:

RESULTS (Section is to be completed at the time of Outbreak Closure): Attach any epidemic curve and/or other data analysis. Information should include all known information but may not include all cases identified after administrative closure.

Students, Attendees, or Residents		Staff	
Final # of ill**:		Final # of ill**:	
Final # of contacts:		Final # of contacts:	
Total # of Students, Attendees, or Residents:		Total # of staff:	

*Number who meet probable or confirmed case definition used for outbreak

Clinical Illness Characteristics: Predominant Symptoms (Check all that apply):

- Rash Itching Other, please specify

Laboratory (attach copies of any laboratory results):

Laboratory testing completed? Yes No

If yes, please describe type and number of results:

CONCLUSION/DISCUSSION

A person-to-person outbreak of Scabies occurred at _____ facility that affected _____ 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 _____ residents and _____ staff. _____ Prophylaxis was given to contacts and _____ households.

Additional Information, if needed: