

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: [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 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 ☐ Other, specify: _____

If community based, specify City and County: _____

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: [Click here to enter a date.](#)

Date of onset for last known case: [Click here to enter a date.](#)

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 | <input type="checkbox"/> Post-exposure vaccination recommended/administered |
| <input type="checkbox"/> Isolation of suspect 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: Click here to enter a date. | |

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: _____