**Instructions:** **For Local Health Departments/Regional Epidemiologists.** Please complete this Report Form for all scabies outbreaks. Fill in all fields to ensure completeness of the report. Sharing a copy of this report with the facility will aid in prevention and control efforts. Reports should be submitted within 30 days after closing the outbreak. Once you have completed this form, please fax it to the Office of Epidemiology and Prevention Services at 304-558-8736 or email it to your state outbreak contact.

*The outbreak may be closed administratively as soon as the report is generated and shared with the facility. Scabies outbreaks are generally benign, and the facility does NOT need to report additional cases after the outbreak is closed unless they experience prolonged transmission or suspect Crusted (Norwegian) Scabies.*

**INTRODUCTION AND BACKGROUND**

Outbreak Number:

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

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

Person Contacted: Affiliation:

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

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

County: Region: Telephone:

**Where →**

Facility Name:  Name of Facility Contact:

Facility Address:

Facility Type: [ ]  Nursing home [ ]  Assisted living [ ]  School [ ]  Prison [ ]  Dormitory [ ]  Shelter [ ]  Day-care [ ]  Other, specify:

**When →**

Date of first onset: Click here to enter a date. Date of most recent case: Click here to enter a date.

**DOCUMENTS PROVIDED TO THE FACILITY**

Outbreak Guidelines? [ ]  Yes [ ]  No

Infection Prevention and Control Recommendations for Scabies in Congregate Settings? [ ]  Yes [ ]  No

**METHODS**

CASE DEFINITIONS (*Check the definition used for this outbreak*):

[ ]  **Confirmed Case Definition:**

 An individual who has skin scraping with identified mites, mite eggs, or mite feces.

[ ]  **Probable Case Definition:**

 An individual with clinical symptoms of scabies (persistent pruritic rash).

[ ]  **Contact Case Definition:**

 Anyone with close skin-to-skin contact with a case.

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

[ ]  Spoke with Infection Preventionist/Administrator

[ ]  Site visit

[ ]  Conference call with Facility

[ ]  Defined & identified cases

[ ]  Conducted interviews or survey

[ ]  Confirmed diagnosis

[ ]  Performed environmental assessment

[ ]  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:**