

Scabies Outbreak Final Report Form

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.

Scabies Outbreak Final Report Form

Investigation Methods (Check all that apply):

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