

## Scabies Outbreak Final Report Form

**Instructions:** 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. **Local Health Departments are encouraged to complete this report and give a copy to the facility at the earliest possible time so that the facility has adequate recommendations for outbreak control.**

*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. Please fax the completed form to the Division of Infectious Disease Epidemiology at 304-558-8736.*

### 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: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Name of Facility Contact: \_\_\_\_\_

Facility Address: \_\_\_\_\_

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

Date of first onset: [Click here to enter a date.](#)    Date of most recent case: [Click here to enter a date.](#)

### DOCUMENT 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.

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**For questions or additional information, contact the Division of Infectious Disease Epidemiology at 304-558-5358, or online at [oepe.wv.gov](http://oepe.wv.gov)**

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

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

- Other 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:**

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