

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 the completeness of the report. Reports should be submitted within 30 days of the closing of the outbreak. Please fax the completed forms to the Division of Infectious Disease Epidemiology (DIDE) at 304-558-8736.

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: _____

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INVESTIGATION METHODS:

Investigative Activities (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Site visit; indicate who _____
<input type="checkbox"/> Phone interview of the facility staff
<input type="checkbox"/> Conducted interviews or survey
<input type="checkbox"/> Interviewed cases/parents
<input type="checkbox"/> Contact tracing | <input type="checkbox"/> Reviewed charts or other documents
<input type="checkbox"/> Defined/identified cases using line list
<input type="checkbox"/> Collected Specimens
<input type="checkbox"/> Descriptive Epi/ Epi Curve
<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:

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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 (Enter type of outbreak) occurred at (Enter facility or location) 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: