**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 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:

**INVESTIGATION METHODS:**

**Investigative Activities (check all that apply):**

 [ ]  Site visit; indicate who       **[ ]** Reviewed charts or other documents

 [ ]  Phone interview of the facility staff **[ ]** Defined/identified cases using line list

 **[ ]** Conducted interviews or survey **[ ]** Collected Specimens

 [ ]  Interviewed cases/parents

 [ ]  Contact tracing

**[ ]** Descriptive Epi/ Epi Curve

**[ ]** Other (specify):

[ ]  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:**

 **[ ]** Infection Control

 **[ ]** Isolation of suspect cases

 **[ ]** Contact Tracing

 **[ ]** Post-exposure prophylaxis recommended/administered

**[ ]** Post-exposure vaccination recommended/administered

**[ ]** Non-immune excluded/furloughed

**[ ]** Other, please specify:

 **[ ]** 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:**