

## Suspected Outbreak Form

**All** known or suspected outbreaks are reportable to your local health department. Use this form to gather as much information as possible. Call 540-722-3470 ext 143 or fax to 540-722-3475.

### Contact Information

Date: \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Email \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Outbreak Information

Disease Suspected:		Residents/ Students/Other	Staff
First Symptom Onset Date :		Number Ill	
		Number Hospitalized	
Affected Area: <input type="checkbox"/> One classroom, wing, or floor <input type="checkbox"/> Multiple wings or floors <input type="checkbox"/> Whole facility		Total Number in Facility	
	For vaccine-preventable diseases only (e.g. pertussis, mumps):		
		Number ill who are vaccinated	
		Total number vaccinated	

### Signs & Symptoms

<b>Respiratory</b>	<input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Sore Throat <input type="checkbox"/> Congestion <input type="checkbox"/> Other _____	<b>Rash</b>	<input type="checkbox"/> Suspect Scabies <input type="checkbox"/> Suspect MRSA <input type="checkbox"/> Suspect Hand, Foot, and Mouth Disease <input type="checkbox"/> Other _____ Please describe progression of the rash:
<b>GI</b>	<input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Abdominal Cramps <input type="checkbox"/> Fever <input type="checkbox"/> Other _____	<b>Other</b>	Please describe symptoms:

**Lab:** Please describe any relevant lab results \_\_\_\_\_

### Infection Control Measures Currently Implemented

<input type="checkbox"/> Emphasized hand hygiene <input type="checkbox"/> Isolated or cohorted sick residents <input type="checkbox"/> Excluded sick staff from work <input type="checkbox"/> Cohorted staff to work only with sick OR with well <input type="checkbox"/> Conducted thorough environmental cleaning <input type="checkbox"/> Discontinued group activities	<input type="checkbox"/> Served meals in rooms <input type="checkbox"/> Used paper plates, cups, etc <input type="checkbox"/> Removed food and drinks from common areas <input type="checkbox"/> Posted signs to limit visitors <input type="checkbox"/> Closed facility to new admissions <input type="checkbox"/> Used personal protective equipment
---	---

**Other Comments/Details:**