

# Outbreak Information Needed by Rappahannock Area Health District

Use this form to gather as much information as possible.



## General Information

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

Contact Person (Name) \_\_\_\_\_ Phone number/email \_\_\_\_\_

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

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

Is the illness primarily affecting:    One wing or floor    Multiple wings or floors    Widespread (whole building)

Onset Date of first ill resident: \_\_\_\_\_

Total # of residents ill (in area of concern (wing/whole building etc): \_\_\_\_\_

Total # of resident ((in area of concern (wing/whole building etc)): \_\_\_\_\_

Total # of staff ill (in area of concern (wing/whole building etc): \_\_\_\_\_

Total # of staff in facility (in area of concern (wing/whole building etc): \_\_\_\_\_

### For vaccine preventable diseases (influenza, pertussis, mumps, etc):

Total # of ill residents who are vaccinated \_\_\_\_\_ Total # of residents who are vaccinated \_\_\_\_\_

Total # of ill staff who are vaccinated \_\_\_\_\_ Total # of staff who are vaccinated \_\_\_\_\_

### Signs & Symptoms:

Respiratory:    Fever    Cough    Sore Throat    Congestion    Other: \_\_\_\_\_

GI:    Vomiting    Diarrhea    Abdominal cramps    Fever    Other: \_\_\_\_\_

Rash:    Suspect Scabies    Suspect MRSA    Suspect HFM    Other: \_\_\_\_\_

Describe progression of rash: \_\_\_\_\_

Other illness: \_\_\_\_\_

Any positive labs to date:    No    Yes: Please specify: \_\_\_\_\_

### Infection Control Measures Currently Implemented:

Hand Hygiene    Sick residents isolated/cohorted    Sick staff excluded    Staff cohorted

Meals served in rooms    PPE    Switch to paper products and removed foods in common areas

Environmental Cleaning    Facility closed to new admissions    Facility closed to visitors

Discontinued group activities    Other: \_\_\_\_\_

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**Other comments/Details:**

Call your district epidemiologist and provide the information gathered above.

District epidemiologist for RAHD: Nicole Sullivan, MPH

Phone Number: 540-322-5880

Email: [nicole.sullivan@vdh.virginia.gov](mailto:nicole.sullivan@vdh.virginia.gov).

If Nicole is out of the office, call the communicable disease nurse at 540-322-5980. If it is after hours or a holiday and the health department is closed please call RAHD after-hours Epi on call at 540-300-1101.

It may be useful to start a line list. Line list should contain name, DOB, wing/unit, onset date, and signs/symptoms.