

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 Class Multiple classes, but one grade level Multiple grade levels

Onset Date of first ill child: _____

Total # of students ill (in class of concern or school): _____

Total # of students (in class of concern or school): _____

Total # of staff ill (in class of concern or school): _____

Total # of staff in facility (in class of concern or school): _____

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

Total # of ill students who are vaccinated _____ Total # of students 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 students and staff excluded Environmental Cleaning PPE

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.

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, classroom/grade, onset date, and signs/symptoms.