



Suspected Outbreak Reporting Form



ALL known or suspected outbreaks are reportable to your local health department. Use this form to gather as much information as you can. You can email about this to our **District Epidemiologist** at Ovidiu.Cotea@vdh.virginia.gov or fax at: **540-785-3407**

Contact Information:

Date: _____

Name _____ Phone _____ Email _____

Facility _____ County _____

Address _____ City _____ Zip _____

Outbreak Information:

Disease Suspected			Residents/Students/Other	Staff
First Symptom Onset Date		# Cases		
		# Hospitalized		
		Total # in facility		
Affected Area	_____ One classroom, wing or floor	<i>For vaccine preventable diseases only (e.g. pertussis, mumps etc.):</i>		
	_____ Multiple wings or floors	# of ill who are vaccinated		
	_____ Whole facility	Total # vaccinated		

Signs & Symptoms:

Respiratory	_____ Fever _____ Cough _____ Sore Throat _____ Congestion _____ Other _____	Rash	_____ Suspect Scabies _____ Suspect MRSA _____ Suspect Hand, Foot, & Mouth Disease _____ Other Please describe the progress of the rash:
	GI		_____ Vomiting _____ Diarrhea _____ Abdominal Cramps _____ Fever _____ Other _____

Lab: Please describe any relevant lab results _____

Infection control measures currently implemented:

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

Other comments/details: