

**Epidemiology and Disease Control Program
Division of Outbreak Investigation**

Outbreak Summary Report for _____ at a Hospital
(Indicate outbreak illness)

Hospital Name: _____ **DHMH Outbreak #** _____
Hospital Contact's Name: _____ **County** _____
Date of Summary Report _____

I. INTRODUCTION:

Date outbreak initially reported to LHD _____
 Person reporting outbreak to LHD _____
 Person(s) at LHD conducting the investigation _____
 Date(s) infection control recommendations were given to facility by LHD _____
 Date LHD reported outbreak to DHMH _____
 Primary contact person for outbreak at DHMH (Name & phone #) _____

II. BACKGROUND:

Total number of patients in the affected hospital wing(s) _____
 Total number of employees/staff in the affected wing(s) _____

III. CLINICAL RESULTS:

<u>Patients</u>		<u>Employees</u>	
# ill	_____	# ill	_____
Onset of First Case	___/___/___	Onset of First Case	___/___/___
Onset of Last Case	___/___/___	Onset of Last Case	___/___/___

List the symptoms and their frequency experienced by cases in this outbreak.

Were all cases all on the same hospital wing or unit? YES NO
 Please specify wing(s) or unit(s) involved in the outbreak _____

List affected hospital units, number of ill staff , and the first and last onset dates or culture dates (depending on the illness) reported among staff members:

<u>Affected Wings or Units</u>	<u>Number of ill staff</u>	<u>First and Last Onset Dates</u>
<i>ex Med Surg/5 West</i>	5	1/2/04 to 1/18/04
<i>ex.ED</i>	3	1/10/04 to 1/15/04
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. LABORATORY RESULTS:

Was any laboratory testing performed? YES NO

If YES, please indicate number(s) and type(s) of specimen(s) tested, test(s) performed, and result(s):

<u>Specimen type</u>	<u># tested</u>	<u>Results (pos. or neg.)</u>	<u>If pos., list #</u>	<u>If pos., list agent identified</u>
<i>Ex. Stool</i>	<i>5</i>	<i>positive</i>	<i>3</i>	<i>rotavirus</i>
<i>Ex. Sputum</i>	<i>3</i>	<i>negative</i>	<i>n/a</i>	<i>n/a</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

V. CONCLUSION(S): (complete *either* #1a. or #1b., and #2 - 6)

1a. As confirmed by laboratory testing, the etiology of the outbreak was: _____

1b. Although laboratory results did not identify an etiology for this outbreak, the evidence suggests that the etiology was:

This is suggested by the following epidemiological evidence collected in this investigation:

2. The suspected route (means or vehicle) of transmission of the infectious agent was:

3. The suspected source of the outbreak (based on results of case interviews, laboratory results, and any other information collected during the investigation) was:

4. Was an environmental analysis performed? YES NO
Date: __/__/____
Results of environmental analysis _____

5. What recommendations were issued to the hospital and when?

6. Please note any other pertinent information.

CC LIST _____

Copy sent to hospital contact: Name: _____ Date sent: _____