

Symptom frequency for cases:

Residents:

Symptom	Number with Symptom
Fever	
Other: _____	

Staff:

Symptom	Number with Symptom
Fever	
Other: _____	

If symptom frequency is unavailable, please list predominant symptoms of this outbreak.

IV. LABORATORY RESULTS:

Culture site	Number Collected	Number Positive	Agent identified
Nares			
Peritoneal Fluid			
Sputum			
Urine			
Wound			
Other _____			

Was PFGE testing done? YES NO
 If so, did isolates match? YES NO

V. CONCLUSION(S): (Please complete *either* #1a or #1b, and #2-7)

1a. Please list the lab-confirmed etiology of the outbreak _____
 Is the above etiologic agent consistent with the observed course of this outbreak?
YES NO UNKNOWN

1b. If an etiology was not lab-confirmed, the etiology of the outbreak is believed to be:

Briefly, the evidence for this conclusion includes: _____

2. How do you think the outbreak was initiated?

3. Please circle the suspected route of transmission (you may circle more than 1 answer if you believe that several modes of transmission occurred in the outbreak):
 AIRBORNE
 PERSON-TO-PERSON
 FOODBORNE
 FOMITES
 If none of the above, please explain briefly _____

4. Was there any evidence that there was a breakdown in infection control at the facility that caused the outbreak?
YES NO UNKNOWN

If YES, please explain briefly _____

Please describe changes (if any) in infection control practices at the conclusion of the outbreak.

5. Was an environmental analysis performed? YES NO

Date: _____

Results of the environmental analysis _____

6. What recommendations were issued at the beginning and conclusion of the outbreak investigation?

If at any time the health department closed or restricted admissions at the facility, please describe the restrictions, and include starting and ending dates:

7. Please note any other pertinent information.

CC LIST _____

LTCF Official: _____ Date Sent: __/__/____