

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

Outbreak Summary Report: RESPIRATORY ILLNESSES at a LONG-TERM CARE FACILITY

Facility Name _____ DHMH Outbreak # _____
Illness _____ County _____
Date of Final Report _____

(NOTE: If there are several types of illnesses (i.e. pneumonia, ILI, ARD, etc.), please indicate the most prevalent illness in this outbreak—see DHMH Guidelines for definitions.)

I. INTRODUCTION:

Date outbreak reported to LHD _____
Who reported outbreak to LHD _____
Who at LHD conducted the investigation _____
Date infection control recommendations were given to facility by LHD _____
Date LHD reported outbreak to DHMH _____
Primary contact for outbreak at DHMH (Name & phone #) _____

II. BACKGROUND:

Total number of residents at facility _____
Total number of staff at facility _____
Type of long-term care facility (i.e. nursing home, assisted living, etc.) _____

Influenza vaccination coverage rate among residents _____ (express as a fraction and percentage)
Pneumococcal vaccination coverage rate among residents _____ (express as a fraction and percentage)
Influenza vaccination rate among staff _____ (express as a fraction and percentage)

III. CLINICAL RESULTS:

RESIDENTS:

of cases (TOTAL) _____
with lab-confirmed influenza _____
with ILI _____
with ARD/AFRD _____
with pneumonia _____
of hospital admissions _____
of ER visits related to this outbreak only _____
of deaths related to outbreak _____

STAFF:

of cases (TOTAL) _____
with lab-confirmed influenza _____
with ILI _____
with ARD/AFRD _____
with pneumonia _____
of hospital admissions _____
of ER visits related to this outbreak only _____
of deaths related to outbreak _____

Onset date range for entire facility, i.e. residents and staff (first to last) _____
Onset date range for residents only (first to last) _____
Onset date range for staff only (first to last) _____
-Please attach an epi curve

Duration of symptoms for cases (range= shortest to longest, & median) _____

Was the outbreak limited to one floor or wing? YES NO
If YES, please list floor/wing # and/or name _____

Were antivirals (i.e., amantadine or rimantadine for Infl. A) given as part of this outbreak? YES NO
 If YES, please list which antiviral(s) _____

Symptom frequency for cases:

Residents:

Symptom	Number with Symptom
Fever	
Cough	
Sore Throat	
Runny Nose	
Congestion – Nasal	
Congestion – Chest	
Muscle Aches	
Vomiting	
Diarrhea	

Staff:

Symptom	Number with Symptom
Fever	
Cough	
Sore Throat	
Runny Nose	
Congestion – Nasal	
Congestion – Chest	
Muscle Aches	
Vomiting	
Diarrhea	

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

IV. LABORATORY RESULTS:

	Number performed	Number positive
Chest X-ray (CXR)		

Please provide any notes relating to findings of any positive CXRs _____

Test	Number Collected	Number Positive	Agent identified
Viral throat			
Bacterial sputum			
Urine (for Legionella)			
Legionella culture			
Blood culture			
Mycoplasma throat culture			
Mycoplasma sputum culture			
Acute serum			
Convalescent serum			
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. Did the outbreak appear to be spread via airborne route? YES NO

If NO, 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 LTCF, please describe the restrictions, and include starting and ending dates:

7. Please note any other pertinent information.

CC LIST _____

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