



Local health departments should submit this report to the regional health department
 Regional health departments should fax this report to EAIDB at 512-776-7616

Respiratory Disease Outbreak Summary Form

Report type: Initial or preliminary Updated Final Report date ___/___/___

BASIC INFORMATION

Primary investigating health department (HD): _____ Date HD first notified: ___/___/___
 Name of lead investigator: _____ Lead investigator's phone: (____) _____-_____
 Date investigation started: ___/___/___ Lead investigator's email: _____
 Other local, state or federal agencies involved with response: _____

OUTBREAK OVERVIEW

Outbreak name: _____ Pathogen, syndrome or suspected etiology: _____
 Geographical distribution of the outbreak (Cities/counties involved): _____
 In what setting did the outbreak occur? (Check all that apply): Community Correctional facility School (K-12) College Cruise ship
 Child care facility Summer camp Business (non-healthcare) Long term care facility (nursing home) Hospital or clinic
 Other (specify): _____
 If facility based, name of facility: _____ City: _____

Case definitions*

Confirmed case:	
Probable case:	
Suspect case:	

*Please write in the case criteria used for the outbreak. If the clinical portion of the case criteria is the same as the case criteria for reporting a notifiable condition just include the additional information used to associate the case with this outbreak (e.g., person, place, time).

CASE INFORMATION

Date first case became ill: ___/___/___ Date most recent case became ill: ___/___/___ Average length of illness: _____
 If applicable, describe identified exposure (e.g. setting, equipment item, procedure, etc.): _____
 Date of first exposure (if applicable): ___/___/___ Date of most recent exposure (if applicable): ___/___/___

Case summary table:		Primary cases		Exposed (cases and non-cases)*		Secondary cases
		Residents / patients / inmates / students / attendees	Employees / staff / faculty / volunteers	Residents / patients / inmates / students / attendees	Employees / staff / faculty / volunteers	Cases among family members, friends, or other contacts not associated with the primary outbreak setting
The information from this table can be used to calculate attack rates and assess severity						
Total numbers:						
Case status	# of confirmed cases:					
	# of probable cases:					
	# of suspect cases:					
Severity	# of people hospitalized:					
	# of people who died:					
Lab	# of specimens tested:					
	# of specimens positive:					

*e.g., number of persons on ship, number of residents in nursing home or affected ward, number of students in classroom, etc.

CASE INFORMATION CONTINUED

<i>Number of people in sex and age group categories by case status</i>	Confirmed cases	Probable cases	Suspect cases
Male			
Female			
Unknown sex			
<1 year old			
1 to 4 years old			
5 to 9 years old			
10 to 17 years old			
18 to 24 years old			
25 to 49 years old			
50 to 64 years old			
65+ years old			
Unknown age			

SYMPTOMS

<i>Total number of people with each symptom by case status</i>	Confirmed cases	Probable cases	Suspect cases
Cough			
Fever			
Sore throat			
Pneumonia			
Other: _____			
Other: _____			
Other: _____			
Other: _____			
Other: _____			
Other: _____			
Other: _____			
Other: _____			

LABORATORY DATA *If needed, attach a summary of additional tests conducted to this report.*

Were clinical specimens collected for testing? Yes No Unknown Were specimens sent to DSHS? Yes No Unknown

Test name	Total # of people tested	Total # of people negative	Total # of residents / patients / inmates / students / attendees positive	Total # of employees / staff / faculty / volunteers positive	Total # of secondary cases positive	Pathogen identified
Test 1: _____						
Test 2: _____						
Test 3: _____						
Test 4: _____						

ACTIONS TAKEN BY HEALTH DEPARTMENT (check all that apply and if applicable indicate the date first done):

- Provided or reviewed prevention and control guidance ___/___/___ Interviewed cases Activated ICS on ___/___/___
- Conducted a site visit on ___/___/___ Notified a regulatory agency on ___/___/___ Conducted active case finding
- Conducted a case-control study Conducted a cohort study Collected clinical samples Collected environmental samples
- Reviewed medical records Other (specify): _____ Other (specify): _____
- Other (specify): _____ Other (specify): _____ None

CONTROL MEASURES IMPLEMENTED (check all that apply)

If needed, attach a list of implemented control measures to this report.

- Isolation of ill Cohorting of ill/exposed and well Movement of staff limited Educational materials provided to facility
- Educational materials distributed or displayed by facility Facility modified procedures Health alert sent Facility closed
- Vaccinations recommended Vaccinations given Prophylaxis given, specify what was given: _____
- Other (specify): _____ Other (specify): _____ None

Date control measures were first implemented: ___/___/___

SUPPLEMENTAL INFORMATION INCLUDED WITH THIS REPORT (check all that apply):

Total pages attached: _____

- Copies of interview forms Line list Written outbreak report or after action report Epi curve Environmental or sanitation report
- Educational materials Other (specify): _____ Other (specify): _____ None

