

**Infectious Disease Epidemiology and Outbreak Response Bureau**

1. REPORT DATE

**Division of Outbreak Investigation**

**Local Health Department Outbreak Summary Report: COVID-19 caused by SARS-CoV-2**

The LHD is responsible for completing the below report using data from the facility reporting the outbreak. The form should be submitted to MDH **along with a copy of the final line list (template can be found here: <https://phpa.health.maryland.gov/Pages/disease-conditions-case-report-forms.aspx>)**, which must include the *names and dates of birth for all deaths* that tested positive for COVID.

Acronyms and instructions for fields marked with an \* can be found at the end of the form.

2. FACILITY NAME	3. COUNTY	4. MDH OUTBREAK #	5. DATE OB CLOSED
6. FACILITY TYPE <input type="checkbox"/> Assisted Living <input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Daycare <input type="checkbox"/> Group Home	<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home	<input type="checkbox"/> Office/Business <input type="checkbox"/> Other:
			7*. REPORT AMENDED? <input type="checkbox"/> No <input type="checkbox"/> Yes #_____

**I. INTRODUCTION**

DATE OUTBREAK REPORTED	REPORTER	REPORTER'S PHONE NUMBER	MAIN CONTACT	MAIN CONTACT'S PHONE NUMBER
8*. FACILITY TO LHD	9. FACILITY REPORTER	10. PHONE NUMBER	11. FACILITY CONTACT	12. PHONE NUMBER
13*. LHD TO MDH	14. LHD REPORTER	15. PHONE NUMBER	16. LHD CONTACT	17. PHONE NUMBER
18. MDH EPI RECEIVING REPORT	19. PHONE NUMBER	20. MAIN MDH CONTACT	21. PHONE NUMBER	
22*. IF A NURSING HOME: NAME OF IP		23*. HAS IP TAKEN A TRAINING COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	24*. PHONE NUMBER	

**II. BACKGROUND**

	NON-EMPLOYEES	EMPLOYEES	TOTAL
25. Total number at the facility at the beginning of the outbreak			
26. If OB was only on one unit, number on that unit at the beginning of the outbreak			

**III. CLINICAL RESULTS**

For this section, do not count individuals admitted to the facility already positive for COVID. Counts are numbers of <i>people</i> not numbers of <i>tests</i> .	NON-EMPLOYEES	EMPLOYEES	TOTAL
27. # of COVID positive cases All individuals who <i>ever</i> tested positive for COVID. Exclude those admitted to the facility already positive for with COVID.			
28. # of symptomatic COVID positive cases (counted as ill on daily report) Individuals tested because they exhibited symptoms of COVID such as cough, fever, sore throat, etc.			
29. # of asymptomatic COVID positive cases Individuals tested <i>without</i> exhibiting any symptoms of COVID, including during point prevalence or "universal" testing.			
30. # of COVID negative individuals All individuals who were tested for COVID and tested negative at least once and <i>never tested positive</i> .			
31. # of symptomatic COVID negative individuals (counted as ill on daily report) Individuals tested because they exhibited symptoms of COVID such as cough, fever, sore throat, etc.			
32. # of asymptomatic COVID negative individuals Individuals tested <i>without</i> exhibiting any symptoms of COVID, including during point prevalence or "universal" testing.			

III. CLINICAL RESULTS CONTINUED					
			NON-EMPLOYEES	EMPLOYEES	TOTAL
33. # of COVID positive cases ever admitted to the hospital <i>Only those individuals with positive COVID tests who were admitted to the hospital, excluding emergency room only visits</i>					
34. # of deaths in COVID positive cases <i>Exclude if COVID has been determined by a physician to NOT be a cause or factor leading to the death.</i>					
35. Earliest symptom onset date of a confirmed COVID case. <i>If the first case was asymptomatic, enter the first positive test date. Put whichever date is earliest, non-employee or employee, in the "Total" column</i>					
36. Latest symptom onset date of a confirmed COVID case. <i>If the last case was asymptomatic, enter the first positive test date of that person. Put whichever date is latest, non-employee or employee, in the "Total" column</i>					
IV. ADDITIONAL LABORATORY RESULTS					
TEST	RESIDENT # COLLECTED	RESIDENT # POSITIVE	STAFF # COLLECTED	STAFF # POSITIVE	AGENT(S) IDENTIFIED
37. BioFire or other respiratory viral panel PCR test					
38. PCR test for influenza					
39. Rapid influenza test					
40. Other: _____					
V. OTHER INFORMATION					
41. WAS A SITE VISIT DONE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		42. SITE VISIT <input type="checkbox"/> MDH Go Team/National Guard <input type="checkbox"/> MDH IP Site Visit <input type="checkbox"/> Other: <input type="checkbox"/> LDH In-person or virtual visit <input type="checkbox"/> Tele-ICAR			
43. WERE STAFFING SOURCES USED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		44. STAFFING SOURCES: <input type="checkbox"/> Chesapeake Registry <input type="checkbox"/> Staffing Agency <input type="checkbox"/> National Guard Bridge Team <input type="checkbox"/> Other:			
45. COMMENTS:					
<u>ACRONYMS:</u> IP = Infection preventionist EPI = Epidemiologist LHD = Local health department			MDH = Maryland Department of Health OB = Outbreak PCR = Polymerase chain reaction		
<u>FURTHER INSTRUCTIONS:</u> 7. If a report has been submitted for this outbreak before, check Yes. Indicate how many times the report has been submitted (for example, if you have submitted it once before, because the outbreak closed and has been reopened, you would indicate that this is #2). 8. This is the date the facility first reported the outbreak to the local health department. 13. This is the date the local health department first reported the outbreak to the Maryland Department of Health. If the outbreak reopens, use the original reporting date. 22. Required for nursing home outbreaks only, though if another type of facility has an IP, this field can be completed. 23. Required for nursing home outbreaks only. This includes MDH/Beacon training or APIC training. 24. Required for nursing home outbreaks only, though if another type of facility has an IP, this field can be completed.					

*Please submit a final line list which includes names and dates of birth of all deceased individuals*