



Were there any deaths among persons listed as cases during this outbreak?  
 If yes, list number \_\_\_\_\_

YES NO

Immunization History

For all cases under the age of 18 years:

	Age	# doses received	Is this in accordance with Maryland's immunization recommendations for this age?
Case 1			
Case 2			
Case 3			
Case 4			
Case 5			

If more than 5 cases under the age of 18 years were identified during the investigation please summarize information below: \_\_\_\_\_

\_\_\_\_\_

**IV. LABORATORY AND DIAGNOSTIC RESULTS:**

Test	Number Conducted	Number Positive
Culture		
PCR		
Serology		

	Number performed	Number positive
Chest X-ray (CXR)		

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

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

\_\_\_\_\_

2. What recommendations were issued to contain this outbreak and when, and when? ---

Date                      Recommendation

\_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_

3. Please note any other pertinent information.

\_\_\_\_\_

CC LIST \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_