Epidemiology and Disease Control Program
Division of Outbreak Investigation

Outbreak Summary Report for ___________________ at a Hospital

(Hospital Name)  DHMH Outbreak #________
County  Date of Summary Report

I. INTRODUCTION:
Date outbreak initially reported to LHD _____________________
Person reporting outbreak to LHD __________________________
Person(s) at LHD conducting the investigation _______________________________________________________
Date(s) infection control recommendations were given to facility by LHD _________________________________
Date LHD reported outbreak to DHMH _____________________________________________________________
Primary contact person for outbreak at DHMH (Name & phone #) ________________________________________

II. BACKGROUND:
Total number of patients in the affected hospital wing(s)  _____________
Total number of employees/staff in the affected wing(s)  _____________

III. CLINICAL RESULTS:

<table>
<thead>
<tr>
<th>Patients</th>
<th>Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td># ill</td>
<td># ill</td>
</tr>
<tr>
<td>Onset of First Case</td>
<td>Onset of First Case</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Onset of Last Case</td>
<td>Onset of Last Case</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List the symptoms and their frequency experienced by cases in this outbreak.
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Were all cases all on the same hospital wing or unit?  YES  NO

Please specify wing(s) or unit(s) involved in the outbreak _____________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

List affected hospital units, number of ill staff, and the first and last onset dates or culture dates (depending on the illness) reported among staff members:

<table>
<thead>
<tr>
<th>Affected Wings or Units</th>
<th>Number of ill staff</th>
<th>First and Last Onset Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>ex Med Surg/5 West</td>
<td>5</td>
<td>1/2/04 to 1/18/04</td>
</tr>
<tr>
<td>ex.ED</td>
<td>3</td>
<td>1/10/04 to 1/15/04</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Outbreak Summary Report for a Hospital
DHMH, June 2003
IV. LABORATORY RESULTS:

Was any laboratory testing performed?  YES  NO

If YES, please indicate number(s) and type(s) of specimen(s) tested, test(s) performed, and result(s):

<table>
<thead>
<tr>
<th>Specimen type</th>
<th># tested</th>
<th>Results (pos. or neg.)</th>
<th>If pos., list #</th>
<th>If pos., list agent identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. Stool</td>
<td>5</td>
<td>positive</td>
<td>3</td>
<td>rotavirus</td>
</tr>
<tr>
<td>Ex. Sputum</td>
<td>3</td>
<td>negative</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

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

1a. As confirmed by laboratory testing, the etiology of the outbreak was: ____________________________________________

1b. Although laboratory results did not identify an etiology for this outbreak, the evidence suggests that the etiology was:

___________________________________________________________________________________________________

___________________________________________________________________________________________________

This is suggested by the following epidemiological evidence collected in this investigation:

___________________________________________________________________________________________________

___________________________________________________________________________________________________

2. The suspected route (means or vehicle) of transmission of the infectious agent was:

___________________________________________________________________________________________________

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

___________________________________________________________________________________________________

___________________________________________________________________________________________________

4. Was an environmental analysis performed? YES  NO

   Date: __/__/_____

   Results of environmental analysis

   _________________________________________________

   _________________________________________________

5. What recommendations were issued to the hospital and when?

___________________________________________________________________________________________________

___________________________________________________________________________________________________

6. Please note any other pertinent information.

___________________________________________________________________________________________________

___________________________________________________________________________________________________

CC LIST ________________________

Copy sent to hospital contact: Name: ________________________ Date sent: _____________

Outbreak Summary Report for a Hospital
DHMH, June 2003