Outbreak Summary Report: DRUG-RESISTANT ORGANISM OUTBREAK

Facility Name ____________________________
Illness _________________________________
(i.e. MRSA infections, VRE, Acinetobacter, etc.)

DHMH Outbreak # ___________
County ___________________________
Date of Final Report ___________

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:
Number of residents or patients in the affected wings at the facility _______________
Total number of patients in the entire facility _______________
Number of staff who work in the affected wings at the facility _______________
Total number of staff members in the entire facility _______________
Type of facility (circle one) NURSING HOME ASSISTED LIVING HOSPITAL PRISON SCHOOL DAYCARE OTHER (please list): _______________________

III. CLINICAL RESULTS:
RESIDENTS: STAFF:
# of cases (TOTAL) ________ # of cases (TOTAL) ________
# of hospital admissions ________ # of hospital admissions ________
# ER visits ________ # ER visits ________
# of deaths ________ # of deaths ________

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

Were cases detected exclusively because of positive laboratory results or did symptoms lead to the lab testing? _______________________

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 _______________________

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DHMH, October 2003
Symptom frequency for cases:

<table>
<thead>
<tr>
<th>Residents:</th>
<th>Number with Symptom</th>
<th>Staff:</th>
<th>Number with Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td></td>
<td>Fever</td>
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<tr>
<td>Other:</td>
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<td>Other:</td>
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</tbody>
</table>

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

___________________________________________________________________________________________

IV. LABORATORY RESULTS:

<table>
<thead>
<tr>
<th>Culture site</th>
<th>Number Collected</th>
<th>Number Positive</th>
<th>Agent identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nares</td>
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<tr>
<td>Peritoneal Fluid</td>
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<td>Sputum</td>
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<td>Urine</td>
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<td>Wound</td>
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<td>Other</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

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. Please circle the suspected route of transmission (you may circle more than 1 answer if you believe that several modes of transmission occurred in the outbreak):
AIRBORNE
PERSON-TO-PERSON
FOODBORNE
FOMITES
If none of the above, 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 facility, please describe the restrictions, and include starting and ending dates:
   _______________________________________________________________________________

7. Please note any other pertinent information.
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________

CC LIST ________________________ ________________________

LTCF Official: _____________________________ Date Sent: __/__/____

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