

**Epidemiology and Disease Control Program
Division of Outbreak Investigation**

Outbreak Summary Report: SCABIES at a LONG-TERM CARE FACILITY

Facility Name _____ DHMH Outbreak # _____
Facility Contact's Name: _____ County _____
Date of Final Report _____

I. INTRODUCTION:

Date outbreak initially 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:

Total number of residents at facility _____
Total number of staff at facility _____
Type of long-term care facility (i.e. nursing home, assisted living, etc.) _____

III. CLINICAL RESULTS:

Residents:

symptomatic (cases) _____
of hospital admissions _____
of ER visits related
to this outbreak only _____
of deaths _____

Staff:

symptomatic (cases) _____
of hospital admissions _____
of ER visits related
to this outbreak only _____
of deaths _____

Were residents at this facility prophylaxed? YES NO
If YES, please list date(s) of prophylaxis and drug used _____

Was staff at this facility prophylaxed? YES NO
If YES, date(s) of prophylaxis and drug used _____

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

Did any of the residents or staff have Norwegian scabies? YES NO

Duration of symptoms for cases (range = shortest to longest & median) _____

Was the outbreak limited to one floor or wing? (circle one) YES NO
If YES, please list floor/wing # and/or name _____

IV. LABORATORY RESULTS:

Tests conducted on:	Skin scraping	Number Collected	Number Positive	Agent identified
Residents				
Staff				

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 (i.e. do you think a staff person introduced the agent to the facility)?

3. What was the mode of transmission during the outbreak?

4. Was there any evidence that infection control practices might have been related to the outbreak?

YES

NO

UNKNOWN

If YES, please explain briefly _____

5. Please describe changes (if any) in infection control practices at the conclusion of the outbreak.

6. What recommendations were issued at the beginning and conclusion of the outbreak investigation?

7. Please note any other pertinent information, including (if any) restriction(s) and effective date(s):

CC LIST

LTCF Official: _____ Sent: __/__/__