Epidemiology and Disease Control Program
Division of Outbreak Investigation

Outbreak Summary Report for ___________________ at a School

(Indicate outbreak illness)

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 students ______________
Total number of employees/staff ______________

III. CLINICAL RESULTS:

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

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

Were all cases in one grade or classroom? YES NO
If YES, please specify grade and/or classroom ___________________________________________________________
If NO, please list affected grades and/or classrooms____________________________________________

List ill employee(s), including job(s), and the age group and/or classroom that each employee works with:
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Did anyone seek medical attention during this outbreak? YES NO
If YES, please describe, including health care provider’s name and the diagnosis, if available.
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Outbreak Summary Report for a School
DHMH4597, November 2001
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):
___________________________________________________________________________________________________
___________________________________________________________________________________________________

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 school, and when?
___________________________________________________________________________________________________
___________________________________________________________________________________________________

6. Please note any other pertinent information.
___________________________________________________________________________________________________
___________________________________________________________________________________________________

CC LIST ____________________________________________
____________________________________________________
Copy sent to school official: Name: ________________________ Date sent: _____________