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

## Outbreak Summary Report: DRUG-RESISTANT ORGANISM OUTBREAK

Facility Name		<b>DHMH Outbreak # County</b>			
Illness	·····	Date of Final Report			
(i.e. MRSA infections, VRE, Ac	inetobacter, etc.)	Date	n Finai Report_		
L. INTRODUCTION: Date outbreak reported to LHD Who reported outbreak to LHD Who at LHD conducted the inve Date infection control recommer Date LHD reported outbreak to I Primary contact for outbreak at I  II. BACKGROUND: Number of residents or patients in Total number of patients in the e Number of staff who work in the	stigation	lity by LHD			
Total number of staff members i Type of facility (circle one)	n the entire facility NURSING HOME PRISON		HOSPITAL DAYCARE		
III. CLINICAL RESULTS: RESIDENTS: # of cases (TOTAL) # of hospital admissions # ER visits # of deaths		STAFF: # of cases (TOTAL) # of hospital admissions # ER visits # of deaths			
Onset date range for entire facilities Onset date range for residents or Onset date range for staff only (far. Please attach an epi cu	ily (first to last) irst to last) urve				
Were cases detected exclusively	because of positive labora	tory results or did symptoms	lead to the lab to	esting?	
Duration of symptoms for cases	(range= shortest to longest	, & median)			
Was the outbreak limited to one If YES, please		me	YES	NO	

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## Symptom frequency for cases:

Residents:			Staff:		
	Number with			Number with	
Symptom	Symptom		Symptom	Symptom	
Fever			Fever		
Other:			Other:		
Other:			Other:		
Other:			Other:		
Other:			Other:		
Other:			Other:		
If symptom frequency IV. LABORATORY	<u>-</u>	se list predon	ninant symptoms of thi	s outbreak.	
Culture site	Number Collected	Number Positive	Agent identified	ified	
Nares	Jonecteu	1 0010110			
Peritoneal Fluid					
Sputum					
Urine					
Wound					
Other					
Was PFGE testing done?  If so, did isolates match?				YES YES	
V. CONCLUSION(S	<del>-</del>		_		
1a. Please list the lab-					
Is the above etiolo			rved course of this outl		
	YES	N	Ю	UNKNOWN	
1b. If an etiology was	not lab-confirmed, t	he etiology o	f the outbreak is believ	red to be:	
Briefly, the evidence	for this conclusion in	ncludes:			
2. How do you think t	he outbreak was init	iated?			
	spected route of tran	smission (you	ı may circle more than	1 answer if you believe	that seve

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If none of the above, please explain briefly \_\_\_\_\_

4. Was there any evidence that there was a breakdown in in YES  If YES, please explain briefly	NO	UNKNOWN
Please describe changes (if any) in infection control practic	es at the conclusion	n of the outbreak.
5. Was an environmental analysis performed?  Date: Results of the environmental analysis	YES	NO
6. What recommendations were issued at the beginning and	l conclusion of the	outbreak investigation?
If at any time the health department closed or restricted admand include starting and ending dates:	nissions at the facil	ity, please describe the restrictions,
7. Please note any other pertinent information.		
CC LIST		
LTCE Official:	Date S	ent· / /