



OUTBREAK SUMMARY FORM

The following form should be completed for all reported outbreaks in Arizona.

BASIC INFORMATION	
Outbreak ID #:	County of Exposure:
Outbreak Name:	Outbreak Identified by:
Facility Name:	
Date LHD was first notified:	Date investigation started:
Date ADHS was first notified:	Date investigation closed:

CLINICAL & EPIDEMIOLOGICAL INFORMATION	
OUTBREAK CASE DEFINITION(S)	
Confirmed case:	
Probable case:	
Suspect case:	
Date first case became ill: <input type="checkbox"/> Unknown	Date of initial exposure: <input type="checkbox"/> Unknown
Date last case became ill: <input type="checkbox"/> Unknown	Date of last exposure: <input type="checkbox"/> Unknown

CASE INFORMATION <i>(Primary cases only)</i>					
# Confirmed Cases	# Probable Cases	# Suspect Cases	# Primary Ill Cases	# Susceptible Individuals	Attack Rate (%)
				<input type="checkbox"/> Unknown	

Sex (n)

Male	Female	Unknown

Age Group (n)

<1 year	1-4 years	5-9 years	10-14 year	15-19 years	20-49 years	50-74 years	>75 years	Unknown

SIGNS & SYMPTOMS

- | | | | |
|------------------|----------------|-----------|--------|
| Diarrhea | Fever | Rash | Other: |
| Bloody stools | Chills | Itching | |
| Vomiting | Myalgia | Parotitis | |
| Nausea | Cough | | |
| Abdominal cramps | Runny nose | | |
| HUS | Sore throat | | |
| | Conjunctivitis | | |

INCUBATION PERIOD & DURATION OF ILLNESS

	Shortest		Median		Longest		Unknown
Incubation Period	Hours	Days	Hours	Days	Hours	Days	<input type="checkbox"/>
Duration of illness	Hours	Days	Hours	Days	Hours	Days	<input type="checkbox"/>

SEVERITY

	Hospitalized	Visited ER	Visited Healthcare Provider (excluding ER)	Died
Number of cases				
Total number of cases with information				

EXPOSURE & TRANSMISSION

Primary setting of exposure:
If other, specify:

Primary mode of transmission:
If other, specify:

Was a specific contaminated food, water or environmental vehicle/source identified?

List the vehicles/sources:

Vehicle/Source	Lab-confirmed, Epi-linked or both?

FACTORS CONTRIBUTING TO OUTBREAK *(Check the type of outbreak that applies and all applicable factors)***Foodborne Outbreak** **Time/temperature abuse**

Inadequate reheating of previously cooked food
Improper storage prior to preparation
Inadequate thawing
Preparation too far in advance
Undercooking
Improper hot holding
Inadequate cooling or refrigeration
Unknown factors
Other factors, specify:

Contamination of food

Cross contamination
Contamination from an infected food handler
Chemical contamination
Other factors, specify:

Unsafe Sources

Use of ingredients from unsafe sources
Use of untreated water in food preparation
Consumption of unpasteurized milk/milk products
Consumption of raw food
Other factors, specify:

Waterborne Outbreak

Contamination of source water
Exposure to untreated recreational water
Exposure to contaminated swimming pool
Exposure to inadequately maintained swimming pool
Treatment process failure
Post treatment contamination
Contamination of reservoir(s)/holding tank(s)
Untreated water supply
Unknown factors
Other factors, specify:

Nosocomial Outbreak

Breach in infection control practices
Improperly sterilized/disinfected/cleaning/storage of instruments and equipment
Construction within hospital
Unsafe injection practices
Intrinsic contamination of medical product
Extrinsic contamination of medical product
Improper use or handling of medical devices
Contamination of water supply (e.g. potable water)
Contamination of ventilation/cooling system
Inadequate hand hygiene practices by healthcare workers
Inappropriate use of barrier precautions (e.g. gloves) by healthcare workers
Improper use of isolation/contact precautions
Unknown factors
Other factors, specify:

Other Outbreak**Person-to-person**

Low vaccination coverage
Inadequate vaccination effectiveness
Excessively crowded living conditions
Unprotected sexual activity
Needle/syringe reuse by injecting drug users
Unknown factors
Other factors, specify:

Zoonotic or Vector-borne

Exposure to infected animals
Exposure to infected animal products
Exposure to arthropod vector
Unknown factors
Other factors, specify:

LABORATORY INFORMATION

Were any specimen kits sent out for specimen collection?

If yes, Total number of kits sent:

Were specimens collected?

If yes, Total number of specimens collected:

Types of tests performed:

Could etiology be determined?

If yes, what is the confirmed etiology:

Number of specimens that tested positive for above etiology:

If no, what is the presumptive etiology:

OUTBREAK CONTROL

Were there any specific actions taken to control the outbreak?

If yes, list the control measures undertaken *(check all that apply)*

Source	Date Initiated	Specify
Closure		
Modification of procedures		
Cleaning, disinfection		
Removal of environmental source		
Environmental treatment		
Exclusion of ill persons		
Isolation		
Health education & advice		
Health alert		

Vehicles & Vectors	Date Initiated	Specify
Removal		
Vector control		
Exclusion		

Contacts & potential contacts	Date Initiated	Specify
Chemoprophylaxis		
Vaccination		
Health education & advice		
Contact screening & assessment		
Quarantine contacts		
Contact exclusion		
Exclusion of susceptible individuals		

Other control measures	Date Initiated	Specify
Other		

OTHER ACTIONS & INVESTIGATION METHODS *(check all that apply)*

<input type="checkbox"/> Interviewed Cases	<input type="checkbox"/> Traceback	<input type="checkbox"/> Environmental Health Assessment	NORS ID#:
<input type="checkbox"/> Interviewed Controls	<input type="checkbox"/> Case/Patient Samples	<input type="checkbox"/> Facility/Establishment Investigation	
<input type="checkbox"/> Epidemiological Studies	<input type="checkbox"/> Environmental Samples	<input type="checkbox"/> Outbreak entered into NORS, if applicable	

SUPPLEMENTAL INFORMATION *(optional for submission)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Line List Received by LHD | <input type="checkbox"/> Written Report | <input type="checkbox"/> Epi Curve |
| <input type="checkbox"/> Line List Created by LHD | <input type="checkbox"/> Educational Materials Provided | <input type="checkbox"/> Environmental Health Report |

ADDITIONAL REMARKS

Note:

Please send a .pdf copy of this form to Arizona Department of Health Services. Submit it via the "submit" button.