Outbreak Reporting Form – Vaccine Preventable Disease

**Disease***:

*For varicella outbreaks, please use 420-030 Outbreak/Cluster Reporting Form Vaccine Preventable Disease: Varicella*

**REPORTING AGENCY INFORMATION**

Local health jurisdiction (LHJ) __________________________
Contact person _________________________________________
Contact person phone (_____)  _____- ________

**INVESTIGATION METHODS** (check all that apply)

☐ Interviews of ill persons    ☐ Cohort study
☐ Case-control study  ☐ Site visit (e.g. outbreak in an institution)
☐ Other (please explain __________________________________________________________________________

**GEOGRAPHIC LOCATION**

☐ Exposure occurred in a single county
☐ Exposure occurred in a single county, but cases resided in multiple counties
☐ Exposure occurred in multiple counties

**OUTBREAK DETAILS**

Earliest onset date ___/___/____
Details:

Latest onset date ___/___/____
Details:

**Exposure Only?**  ☐ Yes   ☐ No

Point exposure Date /____/____

Multiple exposures Earliest date /____/____ Last /____/____

**Number of Cases and Reports Investigated**

<table>
<thead>
<tr>
<th>Total Number of Reports Investigated</th>
<th>Total Number of Cases</th>
<th>Number of Cases by Gender</th>
<th>Number of Cases by Vaccine Status &amp; Disease History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td>1-dose</td>
<td></td>
</tr>
<tr>
<td># Confirmed</td>
<td># Probable</td>
<td>2-dose</td>
<td></td>
</tr>
<tr>
<td># Suspect</td>
<td># Lab-confirmed</td>
<td>3-dose</td>
<td></td>
</tr>
</tbody>
</table>

**Number of Cases by Health Care Status**

<table>
<thead>
<tr>
<th># Died</th>
<th>&lt;1</th>
<th>20-49</th>
<th>Vax plus Disease Hx</th>
</tr>
</thead>
<tbody>
<tr>
<td># Hospitalized</td>
<td>1-4</td>
<td>50-74</td>
<td>Disease Hx only</td>
</tr>
<tr>
<td># Visited ER</td>
<td>5-9</td>
<td>≥75</td>
<td>Unvaccinated/ No Disease Hx</td>
</tr>
<tr>
<td># Visited Health Care Provider (excl ER)</td>
<td>10-14</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

**Total Number up-to-date**

Please provide any other details that characterize the affected persons (e.g. wrestlers, infants, members of same church).

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*Receipt of recommended vaccine for disease under investigation prior to onset; some dose levels may not be applicable for certain vaccines*
RANGE OF SYMPTOMS OR OTHER PERTINENT CLINICAL INFORMATION

EXPOSURE DETAILS

City/town/place of exposure

Major setting(s) of exposure (choose all that apply)

- Airline exposure
- Camp
- Child day care
- Community-wide
- Hospital
- Hotel
- Multiple settings (e.g., >1 school)
- Nursing home
- Prison or detention facility
- Private setting (residential home)
- Religious facility
- Restaurant
- School (entire)
- School (grade(s))
- School (classroom)
- Ship
- Sporting event
- Workplace
- Other (please specify):

Name(s) of facility of major setting(s):

<table>
<thead>
<tr>
<th>Attack Rates for major setting(s) of exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number in Group (e.g., classroom, ward, staff, community)</td>
</tr>
</tbody>
</table>

Other settings of exposure (please specify):

PUBLIC HEALTH ACTIONS AND CONTROL MEASURES

- Cases excluded from sensitive occupations or situations during contagious period
- Immune status of close contacts evaluated
- Prophylaxis of appropriate contacts recommended
- Exposed susceptible individuals excluded from work/school for incubation period
- Other

Immunity Status of Exposed Persons

<table>
<thead>
<tr>
<th>Prophylaxis Indications and Receipt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of exposed persons</td>
</tr>
<tr>
<td>Total number of exposed persons with no documented immunity (e.g., physician diagnosis, vax UTD, or prior lab confirmation)</td>
</tr>
<tr>
<td># tested for immunity</td>
</tr>
</tbody>
</table>

DISCUSSION / CONCLUSION

Please briefly summarize the findings of this outbreak investigation.
### SUPPLEMENTAL QUESTIONS (DISEASE-SPECIFIC)

For investigations of **PERTUSSIS** outbreaks, please provide the following information:

<table>
<thead>
<tr>
<th>Number of lab-confirmed cases by method</th>
<th>Number of Cases by Immunization Status</th>
<th>Household / close contacts of cases with cough illness (not diagnosed with pertussis)</th>
</tr>
</thead>
<tbody>
<tr>
<td># PCR (+)</td>
<td># cases 7-10 y.o.</td>
<td># contacts coughing during case’s exposure period</td>
</tr>
<tr>
<td># Culture (+)</td>
<td># w/ DTaP UTD</td>
<td># contacts with cough onset 6-21 days after exposure to case</td>
</tr>
</tbody>
</table>

$ See CDC guidelines (immunocompromised, pregnant women, neonates whose moms have symptoms around delivery period, preterm infants exposed during neonatal period & whose moms non-immune, preterm infants born earlier than 28 weeks or weigh < 1,000g & exposed during neonatal period)

### COMMENTS/NOTES

Please provide any important aspects of outbreak not covered above. Please note any adverse outcomes that occurred in special populations.