Submit by Email | Print Form

Outbreak Summary Form

Outbreak Number

Outbreak Name

Basic Information

Outbreak Identified

1st Notification to LHD

1st Notification to ADHS

Investigation Start

Intervention Start

County of Exposure

Setting of Exposure

Facility Name

Source Identified?

Source

Setting Investigated?

Cases

EFORS ID

# of Confirmed Cases

# of Probable Cases

# of Suspect Cases

Onset Date 1st Case

Onset Date Last Case

First Exposure Date

Last Exposure Date

Incubation determined?

Median (min/max) incubation

Duration determined?

Median (min/max) duration

Attack Rate (#ill/#exposed)

Transmission Route

Illness Pattern

Etiology

Specimens Collected?

Source of Specimens

Specimens Tested

Number of Specimens Tested

Agent Lab Confirmed

If no, presumptive ID

Etiology

PFGE Pattern

Demographics

Age

Infant		1 -4 years	
5 - 19 years		20 - 49 years	
50+ years		Age Unknown	
Median Age		Age Total	

Gender

Male		Female	
Sex Unknown		Sex Total	

Severity

Saw Clinician		Hospitalized	
Died			

Symptoms

- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Headache
- ☐ Fever
- ☐ Chills
- ☐ Cough
- ☐ Anorexia
- ☐ Bloating
- ☐ Malaise
- ☐ Dehydration
- ☐ Muscle Aches
- ☐ Cramps
- ☐ Weakness

Other

Methods

Case Definitions

Confirmed

Probable

Suspect

Primary Investigation Method

Secondary Investigation Method

Tertiary Investigation Method

Cases Interviewed

Controls Interviewed

Exposure Ongoing

Notes

Quality Assurance

Additional Records Available?

Written Report?

Questionnaire

Epi Curve

Line List

Computer Files

Report submitted to ADHS?

Other reports submitted (eFORS, CDC)?

Were incubation times consistent with agent?

Case investigation forms filed for each case?

All sections of this report complete?