

Outbreak: A Collaborative Response

Key Points

- DPH moving from 'consultant' to 'response' role
 - Cross-training
 - Outbreak training and response
- Standardized response method
 - Efficient and timely
 - Aids in communication
 - Legally defensible

North Carolina Division of Public Health Outbreak Report Form

Instructions: Within 30 days of the end of an outbreak, please complete this form along with a linelist, email them to your TATP nurse consultant, and attach them to the first case associated with the outbreak event in NCEDSS.

General Information

Today's Date County Person completing this form

Lead Investigator Title Telephone

Outbreak Information

Date LHD notified Date investigation initiated Suspect transmission mode

Facility Name / Setting Facility Address

Setting Type: Nursing Home Assisted Living School Day Care Prison City Zip

Restaurant Community Other:

Date of Illness Onset for 1st Case Date of Illness Onset for Last Case

Residents / Students / Patrons	Number	Faculty / Staff / Employees	Number
Total number in facility*	<input type="text"/>	Total number in facility*	<input type="text"/>
Number exposed*	<input type="text"/>	Number exposed*	<input type="text"/>
Number ill	<input type="text"/>	Number ill	<input type="text"/>
Number investigated / interviewed	<input type="text"/>	Number investigated / interviewed	<input type="text"/>
Number sought medical care	<input type="text"/>	Number sought medical care	<input type="text"/>
Number hospitalized	<input type="text"/>	Number hospitalized	<input type="text"/>
Number of deaths	<input type="text"/>	Number of deaths	<input type="text"/>
Number w/ laboratory confirmation	<input type="text"/>	Number w/ laboratory confirmation	<input type="text"/>
Number vaccinated before outbreak*	<input type="text"/>	Number vaccinated before outbreak*	<input type="text"/>
Number vaccinated after outbreak started*	<input type="text"/>	Number vaccinated after outbreak started*	<input type="text"/>
Number received Post-exposure prophylaxis*	<input type="text"/>	Number received Post-exposure prophylaxis*	<input type="text"/>

*Might not be applicable in all situations Nausea Vomiting Abdominal Cramps Diarrhea Bloody Diarrhea Fever

Predominant Symptoms: Cough Difficulty Breathing Renal Failure Other:

We Want to Hear from YOU!