

Outbreak Investigation Acute Care Hospital (Form H-1165 Rev. 3/2023): Instructions for Completion

Note: This form is utilized only by the Hospital Outbreak and Biothreat Response (HOBR) team members.

Box in Top Right Corner:

OB Number: Enter outbreak number (ex. HF20XXXX or SIT20XXXX).

Year: Enter Year outbreak was created in IRIS. Only four numeric digits (ex. 2021).

Check Box: Enter a check mark if this is an Outbreak, Situation, or an ICAR.

Situation: A situation are events that doesn't fit the criteria of an outbreak, but the Hospital Outbreak Team will conduct an investigation. Situations are not entered into IRIS, they are only opened in the weekly outbreak log. Situation numbers are obtained by emailing Sadina Reynaldo.

ICAR: An ICAR investigation was conducted during an outbreak investigation. The Hospital Outbreak Unit (HOU) will join the HOBR team during the site visit to conduct an ICAR investigation. If an ICAR was not conducted, leave blank.

Report to CDPH: Select "Yes" for all confirmed outbreaks.

Date of Final Report: Enter date the 1165 report was completed, signed, and sent to Morbidity Unit.

Outbreak Description

1. **Facility Name:** Enter the facility name as it appears on the Cal Health Find Database.
2. **Reporter (Name Title):** Enter the name of the person at the facility who reported the outbreak to ACDC.
3. **D/T Reported:** Enter the date and time the facility reported the outbreak (i.e., the date/time Morbidity Unit opened the outbreak, the date/time stamp on RedCap, or date/time IP reported the outbreak to HOBR staff).
 - a. **Date Created IRIS:** Enter the date when the outbreak was opened in IRIS.
4. **Facility Address:** Enter the facility address as it appears in the Cal Health Find Database.
5. **City:** Enter the city where the facility is located.
6. **Zip:** Enter the zip code of the facility.
7. **Facility Contact Person:** Enter the name (and title) of the primary contact person at the facility.
8. **Telephone:** Enter the telephone number of the primary contact person.
9. **Cell:** Enter the cell phone number of primary contact person.
10. **Email:** Enter the email of the primary contact person.
11. **D/T of ACDC Investigation:** Enter Date/Time in IRIS that ACDC started the outbreak investigation (not the date when outbreak was opened in IRIS). This can be the initial time stamp in IRIS that a HOBR team member worked on the outbreak.
12. **Number of cases identified at reporting:** Enter the number of cases reported.
13. **Date OB/Situation recognized by facility:** Enter the date when the facility recognized they have an outbreak, prior to calling LAC DPH.

Outbreak Investigation Acute Care Hospital (Form H-1165 Rev. 3/2023): Instructions for Completion

Outbreak Description

14.

- a. **Number of deaths:** Enter the total number of deaths in the outbreak. These can be attributed to the organism in the outbreak or not.
- b. **Deaths attributed to the organism:** Enter the total number of deaths attributed to the organism in the outbreak. Review cause of death in the death summary from the hospital or the death certificate. A copy of the death certificate can be requested from Morbidity Unit by email.

15. **Above baseline?** Select “Yes” if the outbreak was above baseline (normal threshold).

16. **Number of populations at risk:** Enter the number of people who were exposed to the cases.

17. **Number of:**

| | Patients | Staff |
|------------------|---|--|
| Infected | Number of patients infected with the organism. | Number of staff infected with the organism. |
| Colonized | Number of patients colonized with the organism. Colonization means that the organism can be found in or on the body but it is not causing any symptoms or disease. | Number of staff colonized with the organism. Colonization means that the organism can be found in or on the body but it is not causing any symptoms or disease. |
| Total | Total number of patients infected and colonized with the organism. | Total number of staff infected and colonized with the organism. |

18. **Cases received treatment of or dependent on (provide # of cases):** Select all and enter numbers of patients/staff that received treatments or were on dependent on any interventions.

19. **Sex distribution:** Place a check mark on the sex (at birth) and enter the number of cases per sex distribution of cases (patients and staff).

20. **Age distribution:** Enter age distribution of cases (patients and staff).

21. **Facility Type:** Select the appropriate box corresponding to the type of setting.

22. **Unit Type:** Select the unit(s) identified in the outbreak. If more than one unit was identified, select Multiple Units and select the unit type.

23. **Organism:** Select all organism(s) involved in the outbreak.

24. **Infection Type:** Select the infection type of the organism.

25. **Procedure Related:** Select “Yes” if the outbreak was related to a procedure (ex. surgical site infections or ventilator associated pneumonia).

26. **Organism of Interest/Concern:**

- a. **Is the Organism an MDRO:** Select “Yes” if the organism is a multi-drug resistant organism.
- b. **COVID Only: VOI or VOC:** If the strain of COVID is a Variant of Interest (VOI) or Variant of Concern (VOC) select the appropriate drop down. If unknown, leave blank.
- c. **Variant Type:** Leave this box blank if the variant type is unknown.

27. **Case Definition (including outbreak duration):** Enter a case definition, person, place, time, and clinical features. Some examples:

- a. “A patient admitted to the hematology-oncology unit of XX hospital and diagnosed with C. difficile \geq 3 days after admission between 10/25/21-11/7/21.”

Outbreak Investigation Acute Care Hospital (Form H-1165 Rev. 3/2023): Instructions for Completion

- b. "Two or more cases of confirmed COVID-19 in patients 7 or more days after admission for a non-COVID condition, with epi-linkage AND/OR three or more cases of confirmed COVID-19 in HCP with epi-linkage who do not share a household and are not close contact of each other outside of the workplace."

Laboratory

28. **Patient Laboratory Result (Clinical Isolate):** Enter information on the clinical isolates: outbreak number (ex. HF20XXXX), Specimen Source (ex. Blood, CSF, feces, NP swab), Method of Testing (ex. PCR, WGS), Number (+), Number Tested, Organism.
- 29.
- a. **Was environmental testing done? (Environmental Isolate):** Select "Yes" if environmental testing was done. If environmental isolates were taken fill out the chart starting with the outbreak number (ex. HF20XXXX Sample Type (ex. Water, soil), Test Type (ex. PCR, WGS), Total Collected, Number Positive.
 - b. **If yes, date collected?** Enter the date environmental testing was collected.
 - c. **Tested by:** Enter the agency name that conducted the testing (Ex. DPH Environmental Health, Outside company).
- 30.
- a. **Was molecular testing done?** Select "Yes" if molecular testing was done.
 - b. **If yes, date tested:** Enter date molecular testing was collected.
 - c. **Type of test:** Select type of test.
 - d. **Tested by:** Enter the agency name that conducted the testing (ex. DPH Environmental Health, Outside company).
 - e. **Were strains related?** Select if strains were related. If doesn't apply or you don't know, leave blank.

Investigation

- 31.
- a. **Did ACDC staff conduct site investigation?** Select Yes or No.
 - b. **Joint visit(s) with:** Select the agency that conducted the joint site visit. If no site visit was conducted, leave it blank.
 - c. **Why was a site investigation performed?** Select all that apply.
32. **Did ACDC receive a report from another agency's visit?** Select "Yes" if report was received.
33. **Were any procedures observed?** (e.g., medical device processing, dressing change, wound care). Select "Yes" if any procedure were observed and list the procedures. If no, select no.
34. **Notes from infection control assessments and deficiencies observed:** Write any notes from on site assessment and deficiencies observed.
35. **Did ACDC consult with external agencies?** Select all that apply. If none apply, select N/A.

Control Measures

36. **Control measures initiated by healthcare facility prior to ACDC investigation:** Select all that Apply.
37. **Recommendations/ ACDC Recommendations/ Action Implemented by Facility:** Select all recommendations that ACDC recommended (date ACDC recommendations were emailed to facility) and date action implemented by facility (date the facility began implementing the recommendations).

**Outbreak Investigation Acute Care Hospital
(Form H-1165 Rev. 3/2023): Instructions for Completion**

- 38.
- a. **Was post exposure procedure patient notification conducted?** Select “Yes” if applicable.
 - b. **If yes, number of patients notified?** Select number of patients notified of post exposure patient notification.
 - c. **Date range:** Enter the date range of post exposure patient notification.
 - d. **Method of patient notification:** Enter the method of patient notification.

- 39.
- a. **Were outbreak notifications letters posted at the hospitals?** Select “Yes” if outbreak notification letters were posted at the hospital.
 - b. **Locations:** Select the locations where the notification letters were placed (ex. front desk upon entrance to the hospital, NICU entrance).

- 40.
- a. **Were healthcare workers informed of the outbreak?** Select “Yes” if healthcare workers were informed of the outbreak.
 - b. **If yes, how?** Enter how healthcare workers were informed of the outbreak (ex. in-service, rounds).

41. **Was surveillance testing(s) obtained?** Select “Yes” if surveillance testing was obtained. Surveillance testing applies to people, not the environment.

- a. **First surveillance tests:** Check if surveillance testing was conducted on Patient and/or Staff. If none were conducted, leave blank.
- b. **Date collection started:** Enter surveillance testing date. If none were obtained, leave blank.
- c. **Type of Test:** Enter surveillance type of testing. If none were obtained, leave blank.
- d. **Type of Specimen:** Enter surveillance testing type of specimen. If none were obtained, leave blank.

e-k.

| | Number Collected | Number Positive |
|------------------|--------------------------------------|---|
| Patients: | Number of patient specimen collected | Number of patient specimen testing positive |
| Staff: | Number of staff specimen collected | Number of staff specimen testing positive |
| Total: | Total number of specimens collected | Total number of specimens testing positive |

- l. **Second surveillance tests:** Check if surveillance testing was conducted on Patient and/or Staff. If none were obtained, leave blank.
- m. **Date collection started:** Enter second surveillance testing date. If none were obtained, leave blank.
- n. **Type of test:** Enter second surveillance type of testing. If none were obtained, leave blank.
- o. **Type of specimen collected:** Enter second surveillance type of specimen collected. If none were obtained, leave blank.

**Outbreak Investigation Acute Care Hospital
(Form H-1165 Rev. 3/2023): Instructions for Completion**

p-v.

| | Number Collected | Number Positive |
|------------------|--------------------------------------|---|
| Patients: | Number of patient specimen collected | Number of patient specimen testing positive |
| Staff: | Number of staff specimen collected | Number of staff specimen testing positive |
| Total: | Total number of specimens collected | Total number of specimens testing positive |

42. Were any units closed?

- a. **To new admissions?** Select Yes/No if any units were closed to new admissions.
- b. **To new transfers?** Select Yes/No if any units were closed to new transfers.
- c. **Date unit closed?** Enter date when unit was closed. If not applicable, leave blank.
- d. **Date unit reopened?** Enter date when unit was reopened. If not applicable, leave blank.
- e. **Were the closures:** For closures, select Voluntary or ACDC Recommendation.

43. Was a case control study done? Select Yes/No.

Investigation Summary and Conclusions

- 44. **Main Hypothesis:** Enter the main hypothesis (ex. person to person transmission).
- 45. **Alternative explanations for the observed increase in incidence:** Enter alternative explanation for the observed increase in incidence. If none, leave blank.
- 46. **Outbreak Summary/Notes:** Enter a summary regarding the outbreak investigation.
- 47. **Potential exposures:** Select all that apply.
- 48. **Potential source:** Select all that apply.
- 49. **Investigator name:** Enter name of lead investigator.
- 50. **Title:** Enter the title of the lead investigator.
- 51. **Telephone number:** Enter the telephone number of the lead investigator.
- 52. **Signature:** Leave this field blank. Print to PDF then electronically sign the pdf document.
- 53. **Date of Final Report:** Enter the date the 1165 was completed.
- 54. **Date closed in OB log:** Enter the date the outbreak was closed in the OB log. If the outbreak was not entered in the OB log, leave this field blank.
- 55. **Attachments:** Select all attachments that apply.
- 56. **Date active investigation closed:** Enter the date when the outbreak closure email was sent to the facility.
- 57. **Date closure email sent to facility:** Enter the date when the outbreak closure email was sent to the facility.
- 58. **Assigned LPHN:** Enter the name of the ACDC Liaison Public Health Nurse assigned to this facility.
Assigned Epi: Enter the name of the Epidemiologist assigned to assist with the outbreak investigation.