CD OUTBREAK INVESTIGATION – SUBACUTE HEALTHCARE FACILITY
(Form H-1164 Rev. 11/2024): INSTRUCTIONS FOR COMPLETION

Initial Report (Note: An initial report is not required for COVID-19 outbreaks.)
The initial report summarizes the initial findings of the investigation. It is understood that the initial information documented is preliminary and may change during the investigation. It is **not required** that all the fields in the initial report are completed prior to submission. It is only necessary to complete the information known during the initial stages of the investigation. Document the date that the initial report was completed. Please note that there may be instances when the initial and final investigations are completed on the same day.

Final Report
The final report **should be submitted when the outbreak investigation is closed, and the surveillance period is completed**. Document the date that the final report was completed.

Demographic & Reporting Information
- Facility Name: Enter the full and complete name of the facility where the outbreak is occurring.

- Census Tract: Enter the census tract number where the facility is located.

- Outbreak Code: Enter the year and number assigned to this outbreak.

- Facility Address: Enter the number and street on which the facility is located.

- Facility City: Enter the city where the facility is located.

- Facility Zip Code: Enter the zip code of the facility.

- Health District: Enter the health district where facility is located.

- Facility Telephone: Enter the telephone number of the facility.

- Facility Contact Person: Enter the name (and title) of the primary contact person at the facility.

- Facility Contact Person Telephone: Enter the telephone number of the contact person.

- Disease: Check box that corresponds to the type of disease outbreak occurring at the facility. If "other", fill in. 'Other Respiratory' includes respiratory viral illnesses of unknown cause, adenovirus, human parainfluenza viruses, human metapneumovirus, rhino/enteroviruses, human coronaviruses (non-SARS), etc.

- Facility Type: Check box that indicates the type of facility where the outbreak is occurring. If "other", fill in.

- Facility Population: Enter the total number of patients (or residents) on the date that the first case was identified and the total number of direct patient (or resident) care staff. Direct care staff include those staff members who have contact with patients (e.g., nursing staff, physical therapists).

- Number of Cases:
  a. Clinical Cases. Enter the number of patients and staff who have symptoms only (no laboratory confirmation).

      b.   Laboratory Confirmed Cases. Enter the number of patients and staff who have positive laboratory results (with or without symptoms).

      c.   Total Cases. Enter the sum of the clinical and laboratory confirmed cases among patients and staff.

- Reported By: Enter the name of the person who reported the outbreak. This information may or may not be available to the PHN completing this form. Often an outbreak is reported by a staff member at the facility, but occasionally outbreaks are reported by an anonymous source.

- Reporting Source Title: Enter the title of the reporting source, if known. Examples include R.N., M.D., etc.

- Reporting Source Telephone: Enter the telephone number of the reporting source, if known.

- Report Date: If known, enter the date that the report source contacted Public Health to report outbreak.

ADDITIONAL BACKGROUND

This section is **optional**. It may include any pertinent information that has not already been captured. It is not necessary to repeat information already documented.

INVESTIGATION SUMMARY AND CONCLUSIONS

In this section, document your final assessment of the investigation.

CLINICAL DESCRIPTION (Note: This section only applies to Residents/Patients EXCEPT the treatment and prophylaxis sections.)

- Date of First Case: Enter the date the first case was identified (the date of onset of clinical symptoms or the date of the positive result if asymptomatic).

- Date of Last Case: Enter the date the last case was identified (the date of onset of clinical symptoms or the date of the positive result if asymptomatic).

- Date Most New Cases Identified: Enter the date on which the most number of new cases were identified. This represents the **peak of the outbreak**.

- Severity of Disease: In order to describe the severity of disease occurring in the facility, enter the number of cases (patient/staff) who required a clinic visit, visit to a doctor's office, or visit by a doctor to the patient's bedside (if a patient in a skilled nursing facility required a doctor's visit, for example). Enter the number that required hospitalization and the number of deaths.

- Age Distribution: Enter the number of cases (patient/staff) that fall within each age group.

- Is there any obvious clustering of cases among the following categories? During the course of your investigation, if you have noted that the affected patients/residents have similarities (e.g., all reside on same ward, all took same medication), please check appropriate box and describe in the space allocated.

- Symptoms: Check all predominant symptoms among patients/residents that apply: Check boxes that indicate new or worsening symptoms attributable to the outbreak that are present in cases. Chronic symptoms or symptoms that are not related to the outbreak do not need to be documented.

Treatment and Prophylaxis
- Has treatment been given to <u>cases</u>? Indicate if ill patients/residents, ill staff, and ill visitors received treatment. If treatment was received, document the name(s) of the medication given. It is not necessary to document medication dosages, route of administration, or duration of treatment. For each group of recipients (patients/residents, staff, visitors), document **only** the number that were treated.

- Has prophylaxis been given to <u>non-cases/contacts</u>? Indicate if patients/residents, staff, and visitors received prophylaxis. If so, document the name(s) of the medication given. It is not necessary to document medication dosages, route of administration, or duration of treatment. For each group of recipients (patients/residents, staff, visitors), document **only** the number that received prophylaxis.

<u>FOR INFLUENZA OUTBREAK ONLY- VACCINATION</u>
Enter the total number of people:
   a. Vaccinated against influenza ≥14 days before the outbreak began
   b. Offered catch-up influenza vaccination after the outbreak began
   c. Vaccinated against S. pneumonia ≥14 days before the outbreak began

LABORATORY DESCRIPTION (Note: For COVID-19 Outbreak, enter the last 2 consecutive response testing results and <u>DO NOT</u> state "See IRIS" in this section)
- Were specimens sent to a laboratory for testing? Check yes or no. If specimens were collected, complete the following questions.
   a. Type. Indicate the type of specimen collected. Examples include skin scraping, stool, blood, or sputum, nasal swab, nasopharyngeal swab.
   b. Number of patients/residents. Indicate the number of patients/residents who submitted specimens.
   c. Dates collected. Indicate the date or date range that specimens were collected.
   d. Type of test. Enter the test performed. Examples include microscopic examination, culture, PCR, rapid.
   e. Number Positive. Enter the number of patients/residents who had positive test results.
   f. Organism. Enter the name of the organism isolated or identified.
   g. Name of Laboratory. Enter the name of the laboratory that performed the test.

- **Influenza Cases Only-Results for Lab-Confirmed (Please refer to lab report.)**
Enter the pathogen results and include the flu type, subtype, and/or lineage type.

ACTIONS AND RECOMMENDATIONS
- For each action or recommendation, if the action or recommendation was made by the district health office, check appropriate box and note the date. If the action was implemented by the staff at the facility, check appropriate box and note the date.

- Investigator name and title: Enter name and title of investigator.

- Investigator signature: Signature of investigator.

- Date: Enter date signed by investigator.

- Telephone number: Enter telephone number of investigator.

- Nurse Supervisor name and title: Enter name and title of supervisor on this outbreak.

- Nurse Supervisor signature: Signature of supervisor.

- Date: Enter date signed by supervisor.

- Area Medical Director name: Enter name of Area Medical Director. (Note: Information not required for COVID-19 outbreaks.)

- Area Medical Director signature: Signature of Area Medical Director. (Note: Information not required for COVID-19 outbreaks.)

- Date: Enter date signed by Area Medical Director. (Note: Information not required for COVID-19 outbreaks.)

- **ACD Use Only** This section is for ACDC use only. Upon review of the outbreak investigation form, the ACDC Reviewer will indicate that the outbreak will be closed as reportable or closed as false, will print his/her name, sign, and date the form and submit to Central Morbidity for closure in Integrated Reporting Investigation and Surveillance System (IRIS).