

**West Virginia Bureau for Public Health
Vaccine Preventable Outbreak Report Form**

Instructions: Please complete this report form for all Vaccine Preventable Diseases (VPD) outbreaks. Be sure to fill in all fields to ensure completeness of the report. Please fax completed forms to the Division of Infectious Disease Epidemiology (DIDE) at 304-558-8736.

Outbreak number: _____

Contact information for person who first notified health department about the outbreak:

Reported By: _____ Affiliation: _____ Date Reported: _____
 Person Contacted: _____ Affiliation: _____
 Date investigation initiated by agency: _____
 Name(s) Report Prepared By: _____ Title(s): _____
 County: _____ Region: _____
 Telephone: _____

Introduction and Background: (info in this section should be what is reported at the time of initial report):

Who was affected? Describe the population impacted by the illness: _____

Suspected Clinical Diagnosis:

- Varicella (Chickenpox) Measles Mumps Rubella (German measles)
 Pertussis (Whooping Cough) Other, specify: _____

Date of initial onset: _____

Where: Type of outbreak: Community Facility School-List all affected grades: _____
 Daycare Other, specify: _____

If community based, specify City and County: _____

If the illness is occurring in a facility, school or daycare, complete the following:

Residents/Attendees		Staff	
# ill residents/attendees		# ill staff	
Total # residents/attendees		Total # staff	

Facility Name: _____ County: _____

Facility Address: _____

Name of Facility Contact: _____

When:

Date of onset for first case: _____

Date of onset for last known case: _____

Date of 1st exposure*: _____

Date of last exposure*: _____

**Date when first/last case was exposed to other people (e.g. date when case went to school and was known to be infectious)*

What: Describe Clinical Findings

Predominant Symptoms of Illness (check all that apply):

- Rash Fever Cough Runny nose Swollen glands Conjunctivitis
 Other, please specify: _____

Confidential Report- Distribute as necessary

INVESTIGATION METHODS:

Investigative Activities (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Site visit; indicate who _____ | <input type="checkbox"/> Reviewed charts or other documents |
| <input type="checkbox"/> Phone interview of the facility staff | <input type="checkbox"/> Defined/identified cases using line list |
| <input type="checkbox"/> Conducted interviews or survey | <input type="checkbox"/> Collected Specimens |
| <input type="checkbox"/> Spoke with facility | <input type="checkbox"/> Descriptive Epi/ Epi Curve |
| <input type="checkbox"/> Visited facility | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Interviewed cases/parents | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Contact tracing | |

Case definition:

- Used CDC surveillance case definition
 Other, please specify: _____

RESULTS (please attach any epidemic curve and/or other data analysis)

Epidemiological Information:

Average Duration of illness: _____ Days

	Community members, residents, students or attendees	Staff (if a facility, school or daycare)
Total # in community/facility:		
# exposed:		
# ill:		
# meeting PROBABLE case definition:		
# meeting CONFIRMED case definition:		
# of cases vaccinated and up-to-date prior to outbreak:		
# of cases vaccinated but NOT up-to-date prior to outbreak (e.g., received 1 dose when 2 doses are recommended):		
# of cases NOT vaccinated at all:		
# vaccinated AFTER outbreak:		
# received post-exposure prophylaxis (other than vaccination):		
# of non-immune excluded from school/ daycare or furloughed from work:		
# admitted to hospital:		
# of deaths:		

Baseline vaccination rate at facility: _____

Laboratory Information

of specimen collected: _____ # of specimen negative: _____
 # of specimen positive: _____ #Number of specimen inconclusive/not tested: _____
 Specimen type: _____ Type of test (e.g., PCR, Serology): _____
 Was the etiologic agent confirmed by laboratory testing? Yes No
 If yes, please list the agent: _____

Confidential Report- Distribute as necessary

Public Health Interventions/Control Measures:

- | | |
|---|---|
| <input type="checkbox"/> Infection Control | <input type="checkbox"/> Post-exposure vaccination |
| <input type="checkbox"/> Isolation of suspect cases | recommended/administered |
| <input type="checkbox"/> Contact Tracing | <input type="checkbox"/> Non-immune excluded/furloughed |
| <input type="checkbox"/> Post-exposure prophylaxis | <input type="checkbox"/> Other, please specify: _____ |

recommended/administered

- Notification/Education of Contacts- Date education was first provided*: [Click here to enter a date.](#)

CONCLUSION/DISCUSSION:

A person-to-person outbreak of (Enter type of outbreak) occurred at (Enter facility or location) that affected _____ community members/residents/attendees and _____ staff members. Illness onsets ranged from _____ to _____. Treatment was given to _____ ill persons and _____ staff. Prophylaxis was given to _____ contacts and _____ households. _____ persons were vaccinated.

RECOMMENDATIONS/LESSONS LEARNED:

- Improve timeliness of reporting to the local health department
- Provide vaccine clinics
- Provide educational in-service
- Improve vaccination rates at facility
- Other: _____
- Other: _____

ADDITIONAL INFORMATION OR NOTES: _____