



Acute Communicable Disease Control  
 313 N. Figueroa St., Rm. 212, Los Angeles, CA 90012  
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 www.publichealth.lacounty.gov/acd

# Initial Outbreak Form for School/Daycare Settings



**Fax completed form to ACDC at (213) 202-5999**

VCMR ID: \_\_\_\_\_ Health District: \_\_\_\_\_ Outbreak Number: \_\_\_\_\_

**Type of Outbreak:**  Respiratory  Gastrointestinal (GI) If GI, is food source suspected?:  Yes  No  Unknown  
 Rash  Other: \_\_\_\_\_

Facility Name		Date of Initial Report ____/____/____	
Address- Number, Street		City	State      ZIP Code
Contact Person Name: _____ Phone (    ) _____			
Type of Facility <input type="checkbox"/> School <input type="checkbox"/> Daycare <input type="checkbox"/> Other (please specify): _____		Date of Site Visit ____/____/____ OR <input type="checkbox"/> Not applicable	

Facility information

Total number of children/students: \_\_\_\_\_ Total number of staff: \_\_\_\_\_

What are the business hours for the school/daycare facility? \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

Is there an onsite healthcare worker (e.g., school nurse)?  Yes  No If Yes, what is his/her schedule? \_\_\_\_\_

## OUTBREAK RELATED QUESTIONS

Onset of symptoms (initial case) ____/____/____	Number of classrooms involved? _____	What grade(s)? _____	Total number of children in those classrooms _____
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Special Ed.?  Yes  No Were specimens collected?  Yes  No If Yes, what type: \_\_\_\_\_

- 1) To date, how many **STUDENTS** have/had symptoms of illness? \_\_\_\_\_
- 2) To date, how many **STAFF** have/had symptoms of illness? \_\_\_\_\_
- 3) Of those ill, how many have a laboratory/physician diagnosis? \_\_\_\_\_ students      \_\_\_\_\_ staff
- 4) What were the laboratory test results or physician diagnoses? \_\_\_\_\_
- 5) How many have been hospitalized? \_\_\_\_\_ students      \_\_\_\_\_ staff
- 6) Has anyone received treatment for their illness?  Yes  No  Unknown  
If Yes, what type of treatment?  antibiotics  antivirals  other
- 7) Has the facility sent ill persons home?  Yes  No  Unknown
- 8) What control steps have been taken or recommended (check all that apply)?  
 sent ill students/staff home       screened classrooms for others ill       increased student education/posters  
 sent informational letters to home (please attach copy)       increased environmental cleaning       in-services for staff  
 Other: \_\_\_\_\_
- 9) If respiratory outbreak, were flu vaccines offered at the school prior to the outbreak?  Yes  No  Unknown  
If Yes, who was vaccinated?  students (approx. number \_\_\_\_\_)       staff (approx. number \_\_\_\_\_)
- 10) If food source suspected (call ACDC), please provide name/address/phone number for the suspected source/vendor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## REMARKS

\*\*\*\*\*Please list each symptomatic patient using the Outbreak Work Sheet for School/Daycare Settings Form\*\*\*\*\*

Investigator's name (print)	Investigator's signature	Date	Telephone number (    )
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