

OTHER OUTBREAK (Use CDC 52.12 for waterborne disease outbreaks; CDC 52.13 for foodborne disease outbreaks.)
 OTHER REPORTABLE DISEASE OR DISEASE OF UNUSUAL OCCURRENCE

Confirmed Not confirmed Suspected

Kind of outbreak/illness

PERSONAL DATA—FOR SINGLE CASE ONLY

Patient name—last		first	middle initial	Date of birth	Age	Sex
Address—number, street			City	State	County	ZIP code
RACE (check one)				ETHNICITY (check one)		
<input type="checkbox"/> African-American/Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____				<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		
If Asian/Pacific Islander, please check one:						
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____						

LOCATION AND SCOPE OF OUTBREAK—FOR OUTBREAK ONLY

City	County	Name of community, camp, or institution							
Population at risk	Number of persons investigated epidemiologically	Number of persons ill	Number of cases laboratory confirmed	Number hospitalized	Number of deaths				
Date of Onset		Number of persons ill by age group	Under 1 year	1–4 years	5–9 years	10–19 years	20–39 years	40–59 years	60 and over
First case:	Last case:								

REASON FOR INVESTIGATION

Was the State Department of Health Services notified? Yes No

HISTORY OF ILLNESS

Brief description of clinical course and the characteristics of the epidemic or case. Include date of onset and hospitalization for case.

Incubation period (range in hours or days)	Average duration of symptoms	Outcome of case
Minimum: Maximum:		<input type="checkbox"/> Recovered <input type="checkbox"/> Fatal Date of death _____

DIAGNOSTIC TESTS

SPECIMENS		DATE COLLECTED	TYPE OF TEST	RESULTS		NAME AND ADDRESS OF LABORATORY
Type	Number of Patients			Number Positive	Etiology	

RESULTS OF INVESTIGATION AND REMARKS

Summary of investigation, giving probable source with sustaining evidence; also name and address of suspected carrier or missed cases.

