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|  | <b>Epi Outbreak Investigations Report EOIR</b> |
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Outbreak Name

|           |  |           |  |           |  |
|-----------|--|-----------|--|-----------|--|
| Lead FSS: |  | Lead SBS: |  | Lead Epi: |  |
| PHA       |  | County:   |  |           |  |

|   |            |                 |  |
|---|------------|-----------------|--|
| Facility Name:  |            | Facility Type*: |  |
| Does the facility have?   | Warm water | Soap            |  |
| *Example facility includes school, restaurant, church, nursing home, or hotel |            |                 |  |

|                 |                  |                 |                |
|-----------------|------------------|-----------------|----------------|
| Total ill       |                  | Total enrolled: |                |
| Total staff ill |                  | Total staff:    |                |
| Info from       | Environmentalist | Ill person      | Facility Staff |

| Signs and symptoms | Yes or No | Other signs and symptoms |
|--------------------|-----------|--------------------------|
| Fever              |           |                          |
| Diarrhea           |           |                          |
| Nausea             |           |                          |
| Vomiting           |           |                          |

|                   |  |                |  |
|-------------------|--|----------------|--|
| Earliest Exposure |  | Earliest Onset |  |
|-------------------|--|----------------|--|

|                            |  |                             |  |
|----------------------------|--|-----------------------------|--|
| Medical Care               |  |                             |  |
| How many went to MD or ED? |  | How many were hospitalized? |  |
| How many were tested?      |  | What did test was done?     |  |

FSS describe details about situation, including time, place, and person. Complete the Patient Summary Table at the end of EOIR.

|               |  |
|---------------|--|
| FSS Checklist |  |
|               | Begin EOIR, rename, and save on v:\ current outbreak folder  |
|               | Notify SBS, County Health Department Environmentalist, and/or DETECT Team Environmentalist   |
|               | Request regular environmental inspection and EnvOIR  |
|               | Complete 3-5 hypothesis generating questionnaires, fax to 334-206-3734, and collect human specimens on 1 <sup>st</sup> day for BCL |
|               | Complete ill and not ill specific electronic questionnaires and collect human specimens on 2 <sup>nd</sup> day for BCL             |
|               | Follow-up with ill and not ill not contacted from previous day and collect human   |

|  |   |
|--|---|
|  | specimens on 3 <sup>rd</sup> day for BCL                                      |
|  | Identify additional cases related to facility                                 |
|  | Schedule DTR program with staff   |
|  | Conduct exit visit with outbreak facility within 2 weeks from end of outbreak |

|                   |  |       |  |       |  |
|-------------------|--|-------|--|-------|--|
| Who notified SBS: |  | Date: |  | Time: |  |
|-------------------|--|-------|--|-------|--|

|                      |
|----------------------|
| SBS Recommendations: |
|                      |

|               |   |
|---------------|---|
| SBS Checklist |   |
|               | Monitor and update EOIR after each meeting and call with recommendations or instructions. |
|               | Notify FSS, BES, AED, and BCL   |
|               | Lead SBS and A&R meet daily @ 9:00 and 1:00 during large outbreaks                        |
|               | Lead SBS, A& R and FSS call daily @ 10:00 and 2:00 during large outbreaks                 |
|               | Coordinate human and food specimens, preferably stool                                     |
|               | Request environmental inspection report, menus, recipes, patrons, and floor plan,         |
|               | Update Morbidity Review at the end of each day  |
|               | Contact out-of-state public health, if needed   |

|                                       |  |
|---------------------------------------|--|
| A & R Hypothesis and Case Definition: |  |
|---------------------------------------|--|

|     |  |
|-----|--|
| Q1. |  |
| A.1 |  |
| Q2. |  |
| A2. |  |

|               |   |
|---------------|---|
| A&R Checklist |   |
|               | Determine hypothesis and case definition                                  |
|               | Create specific questionnaire and disseminate to FSS                      |
|               | Analyze completed interviews on ill and not-ill people                    |
|               | Lead SBS and A&R meet daily @ 9:00 and 1:00 during large outbreaks        |
|               | Lead SBS, A& R and FSS call daily @ 10:00 and 2:00 during large outbreaks |
|               | Submit additional questions to SBS for FSS to answer                      |
|               | Create draft and final outbreak report                                    |

**Patient Summary Table**

| Number | Name | DOB | Age (yrs) | Daycare/Group | Exp. Date(s) | Symp. Onset date | Illness duration if resolved | Symp.(s) | Date Collected | Tests Requested | Results | Testing Lab | Other Exposures |
|--------|------|-----|-----------|---------------|--------------|------------------|------------------------------|----------|----------------|-----------------|---------|-------------|-----------------|
| 1      |      |     |           |               |              |                  |                              |          |                |                 |         |             |                 |
| 2      |      |     |           |               |              |                  |                              |          |                |                 |         |             |                 |
| 3      |      |     |           |               |              |                  |                              |          |                |                 |         |             |                 |
| 4      |      |     |           |               |              |                  |                              |          |                |                 |         |             |                 |
| 5      |      |     |           |               |              |                  |                              |          |                |                 |         |             |                 |
| 6      |      |     |           |               |              |                  |                              |          |                |                 |         |             |                 |
| 7      |      |     |           |               |              |                  |                              |          |                |                 |         |             |                 |
| 8      |      |     |           |               |              |                  |                              |          |                |                 |         |             |                 |
| 9      |      |     |           |               |              |                  |                              |          |                |                 |         |             |                 |
| 10     |      |     |           |               |              |                  |                              |          |                |                 |         |             |                 |
| 11     |      |     |           |               |              |                  |                              |          |                |                 |         |             |                 |
| 12     |      |     |           |               |              |                  |                              |          |                |                 |         |             |                 |
| 13     |      |     |           |               |              |                  |                              |          |                |                 |         |             |                 |
| 14     |      |     |           |               |              |                  |                              |          |                |                 |         |             |                 |
| 15     |      |     |           |               |              |                  |                              |          |                |                 |         |             |                 |
| 16     |      |     |           |               |              |                  |                              |          |                |                 |         |             |                 |

