Communicable Disease Service
Infectious and Zoonotic Disease Program

OUTBREAK REPORT FOR LONG TERM CARE AND OTHER INSTITUTIONS
(FORM CDS-30)

-INSTRUCTIONS FOR USE-

Submit this completed form electronically to the Communicable Disease Service (CDS) within 30 days of investigation completion. The lead public health investigator is responsible for report submission.

Brief Summary - In a few sentences, describe the outbreak and its resolution in narrative form.

Facility Description - Complete all boxes, including total number of beds in the facility and the type(s) of patients/residents cared for. Use the narrative section to describe the entire facility in more detail.

Outbreak Demographics -

- Enter the number of affected residents and staff in the appropriate boxes.
- In narrative form, describe affected unit(s) in detail. Include information on common areas for patients/residents as well as staff lounges, nurses' stations, etc.
- Enter illness onset dates, type of illness and duration of illness.
- Check the box in front of each sign or symptom experienced by case-patients. For each sign or symptom that is checked, record the percentage of case-patients experiencing that sign or symptom. For instance: if 5 of 15 cases had a productive cough, check that box and record 33%.

Investigation Team - Use this section to document the names, titles and contact numbers for the people involved in the outbreak investigation.

Outbreak Case Definition - Document the case definition in a sentence or two. Be sure to include the elements of person, place and time.

Mode of Transmission - Check the appropriate box.

Laboratory Testing - Use the table to document testing performed on-site as well as by commercial or state labs.

Consultation/Investigation - Use this section to document the actions of public health personnel involved in the outbreak investigation.

Control Measures - Briefly describe each control measure used. For example, under Restrict Movement within Facility- write "dining room and game rooms closed; group chair exercise classes cancelled."

Documentation - Use check boxes to indicate attachments to the outbreak summary form. Write "paper" next to those items that are in hard copy only. Fax or mail hard copies to CDS as appropriate. Clearly mark all submissions with an e-number. Fax number is 609-588-2546; address is NJDHSS-CDS, P.O. Box 369, Trenton, NJ 08625-0369.

Outcome - Specify the date that outbreak control measures were lifted. Use the "Recommendations for Future Actions" section to document permanent changes that were or will be made in facility protocols or routine operations in response to the outbreak. It is not necessary to repeat information given earlier in the report. Write "N/A" as appropriate.