County of Los Angeles Public Health
Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212
Los Angeles, CA 90012
213-240-7941 (phone), 213-482-4856 (facsimile)
publichealth.lacounty.gov/acd/

Initial Outbreak Form for School/Daycare Settings

After initial intake, fax completed form to ACDC at (213) 202-5999 or email to acdc2@ph.lacounty.gov

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: Phone ( )

Type of Facility ☐ School ☐ Daycare ☐ Other (please specify):_____ Date of Site Visit ____/____/_____ OR ☐ 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 # of children in those classrooms** _____

Special Education? ☐ Yes ☐ No Were specimens collected? ☐ Yes ☐ No If Yes, what type: _____

1) Since the outbreak began,
   - What is the total number of cases? Students _____ Staff _____
   - How many have been hospitalized? Students _____ Staff _____
   - How many have had a laboratory/physician diagnosis? Students _____ Staff _____
2) What were the laboratory test results or physician diagnoses? _____
3) Has anyone received treatment for their illness? ☐ Yes ☐ No ☐ Unknown
   If Yes, what type of treatment? ☐ Antibiotics ☐ Antivirals ☐ Other
4) Has the facility sent ill persons home? ☐ Yes ☐ No ☐ Unknown
5) 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: _____
6) 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 _____)
7) If food source suspected (call ACDC), please provide name/address/phone number for the suspected source/vendor:
   _____
   _____

☐ **No further investigation of outbreak warranted (if checked, no additional update forms necessary); explain below.**

REMARKS (Please attach line list using the Outbreak Work Sheet for School/Daycare Settings Form)

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

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Public Health

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www.lapublichealth.lacounty.gov

OUTBREAK WORK SHEET FOR SCHOOL/DAYCARE SETTINGS

Fax completed worksheet to ACDC at 213-202-5999

School/Daycare Name: _____ Contact Person/Phone No.: _____

Outbreak Number: _____

	Student/Staff identification			Student/ Staff location		Illness Description															Diagnostics				Outcome		
	Student/Staff Name	Date of birth or Age	Sex (M/F)	Classroom or Office #	Grade	Date onset illness	Highest temperature (°F)*	Vomiting (Y/N)	Nausea (Y/N)	Diarrhea (Y/N)**	Abdominal Cramps (Y/N)	Body Aches (Y/N)	Chills (Y/N)	Cough (Y/N)	Runny Nose (Y/N)	Sore throat (Y/N)	Rash (Y/N)	Other (Y/N) _____	Other (Y/N) _____	Date recovered	Doctor visit (Y/N)	Specimen collected (Y/N)	Specimen Type (Stool, Blood, NP, Other)	Diagnosis/Lab Result	Hospitalized (Y/N)	Days hospitalized	Died (Y/N, if yes, date)
1	LName, FName Phone Number																										
2	LName, FName Phone Number																										
3	LName, FName Phone Number																										
4	LName, FName Phone Number																										
5	LName, FName Phone Number																										
6	LName, FName Phone Number																										

*Highest temperature: measured oral, under armpit or rectal **Diarrhea: 3 or more loose/runny stools per 24 hour period

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