_____ Specify Institution affected

OUTBREAK REPORTING FORM

A. Reporting Details

1. Agency submitting report: .....
2. Region: .....
3. Parish: .....
4. Name of person submitting report: _____
5. Contact telephone number:
6. Date this form was completed
7. Is this ☐ a first report or ☐ an updated/amended report?

B. Type of Outbreak

8.
- ☐ Food-borne
- ☐ Water-borne
- ☐ Vector-borne
- ☐ EPI disease
- ☐ Respiratory
- ☐ Sexually transmitted infection
- ☐ Unknown at this stage
- ☐ Other, please specify below

9. Was a vehicle/vector/source identified? ☐ Yes ☐ No
10. If yes, please specify:

C. Descriptive Epidemiology (person, place)

11. Number of cases:
- ☐ Suspected or Probable
- ☐ Confirmed
- ☐ Total

12. List number of cases (suspect, probable and confirmed) by age group and gender:

13. Was the whole country affected? ☐ Yes ☐ No
14. If no, describe the areas affected: .....
_____
15. Exposure setting (check all that apply):
- ☐ General community
- ☐ Health institution (e.g. hospital, nursing home)
- ☐ Other institution (e.g. prison, boarding home)
- ☐ Hotel or resort complex
- ☐ Restaurant
- ☐ School or child care facility
- ☐ Other, please specify type _____
- ☐ Don't know

D. Clinical Details

16. Common Symptoms/Syndromes (check all that apply)
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Abdominal cramps
- ☐ Fever
- ☐ Rash
- ☐ Respiratory symptoms
- ☐ Hemorrhagic symptoms
- ☐ Genital ulcer
- ☐ Genital discharge
- ☐ Neurological symptoms
- ☐ Headache
- ☐ Other, specify: chills, weakness, dehydration, blood in stool

_____

17. Number of cases hospitalized: [ ]
(including cases that died)

18. Number of cases that died: [ ]
(including cases hospitalized)

19. Incubation period (circle appropriate units)
Average .....
Range: ..... hours / days - ..... hours / days

20. Duration of illness (circle appropriate units)
Average: ..... hours / day
Range: ..... hours / day - ..... hours / day

E. Case Summary (time)

21. Please record number of cases per unit time (attach epi curve). Record time interval as:
- Month (i.e. Jan 04, Feb 04, Mar 04), or
- Epidemiological week (i.e. 23, 24, 25), or
- Day (record as exact date, i.e. 23/06/04)

Time Interval	Number Suspect/ Probable Cases	Number of Confirmed Cases

F. Aetiology

22. Was a primary causative pathogen identified in the outbreak? ☐ Yes ☐ No
23. If yes, please specify the name and subtype (if known) of the pathogen Shigella flexneri

G. Clinical Specimens (*e.g. stool, blood, urine, nasal aspirate, etc)

24. Type of Specimen	Number Tested	Number Positive	Etiologic Agent	Subtype 1	Subtype 2	Antimicrobial Resistance Profile

H. Food or Environmental Specimens (*e.g. ground beef, raw chicken, water, surface swab, etc)

25. Type of Specimen	Number Tested	Number Positive	Etiologic Agent	Subtype 1	Subtype 2	Antimicrobial Resistance Profile

I. Results of an epidemiological study

26. What type of epidemiological study was conducted?

☐ Cohort study ☐ Other, please specify _____
☐ Case Control Study ☐ No epidemiological study was conducted

27. If a cohort study was conducted, what was the overall attack rate? _____ %
(note, attack rate = [number ill/total persons at risk] x 100)

28. If a cohort or case control study was conducted, please complete the following table

Risk Factor	Odds Ratio or Relative Risk	950/o Confidence Intervals	p-value

Additional Outbreak Details/Notes

Please provide a brief summary of the outbreak, including information on the following if applicable and available:

Background/ Source of Notification
Initial Response Measures Taken
Case Definitions
Epidemiological Assessment
Results/ Findings of Investigation
Recommendations
Integrated Team Response/Further Actions Taken Economic Impact
Hypothesis