



Acute Communicable Disease Control
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 Los Angeles, CA 90012
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 www.publichealth.lacounty.gov/acd

OUTBREAK INVESTIGATION GENERAL ACUTE CARE HOSPITAL

Outbreak/Situation Code	
YR _____	NO _____
<input type="checkbox"/> Outbreak	<input type="checkbox"/> Situation
<input type="checkbox"/> OK to Report	
Date of _____	
Final Report: _____	



1. Facility Name _____		2. Reported by: _____		3. Date/time reported: _____	
4. Facility Address _____			5. City _____		6. Zip Code _____
7. Facility Contact Person _____				8. Telephone _____	
9. Cell _____		10. Email _____		11. Date/time ACDC investigation started: _____	

I. Outbreak Description		12. Date outbreak recognized by facility: ____/____/____ <input type="checkbox"/> NA			
13. MDRO? <input type="checkbox"/> Yes <input type="checkbox"/> No		14. Procedure related? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly, but inconclusive		15. Population at risk:	
16. Number of: Patients Staff		17. Above Baseline? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. Unit type	
18. Number of Deaths:		19. Facility Type:		21. Organism	
22. Infection type:		23. Case definition:			

II. Laboratory					
24. Was strain testing done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PFGE <input type="checkbox"/> Other: _____ If yes, were strains related? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inconclusive					
25. Patient cultures					
a. Specimen source:		Specimen source:		Specimen source:	
b. Method of testing:		Method of testing:		Method of testing:	
c. Number (+)		Number (+):		Number (+):	
d. Number tested		Number tested:		Number tested:	
e. Organisms:		Organisms:		Organisms:	
26. Environmental testing a. Date tested: ____/____/____ b. Tested by: _____ <input type="checkbox"/> NA					
c. Sample type (e.g. water, air, surface swab)		d. Test Type _____		e. Number positive	

III. Investigation

27. a. Did ACDC staff visit the site as part of the investigation? b. Date: ___/___/___ <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Joint visit(s) with: <input type="checkbox"/> EH <input type="checkbox"/> PHL <input type="checkbox"/> HF <input type="checkbox"/> Other: _____ e. Did ACDC receive reports from other agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Why was a site visit performed? <input type="checkbox"/> Severity of disease <input type="checkbox"/> Unknown source of transmission <input type="checkbox"/> Deaths <input type="checkbox"/> Disease agent unknown <input type="checkbox"/> High profile 28. Did ACDC consult with any outside agencies? <input type="checkbox"/> CDC <input type="checkbox"/> CDPH <input type="checkbox"/> Other
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29. Were any procedures observed? (e.g. medical device reprocessing, dressing change, wound care)
 No Yes (Please explain): _____

30. a. Surveillance cultures: <input type="checkbox"/> Patients <input type="checkbox"/> Staff <input type="checkbox"/> NA	b. Date collection first started: _____		d.	Number collected	Number positive
			Patients:		
c. Type of specimen collected: _____			Staff:		
			Total:		

IV. Control measures

31. Control measures initiated by health facility prior to ACDC investigation:

32. a. ACDC recommendations	Initial: ___/___/___	Interim: ___/___/___	Final: ___/___/___
Isolation precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhanced healthcare provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhanced environmental cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cohorting Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cohorting Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family/visitor education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continue control measures implemented prior to notification (see 31)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Were any units closed: a. To new admissions? <input type="checkbox"/> Yes <input type="checkbox"/> No b. To new transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Date unit closed: _____ d. Date unit reopened: _____	e. Were the closures: <input type="checkbox"/> Voluntary <input type="checkbox"/> ACDC request
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34. a. Were healthcare workers informed of the outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. If yes, how: _____
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35. Were ACDC outbreak notification letters posted at the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No a. Date _____ b. Locations _____	36. Was a study done? <input type="checkbox"/> Yes <input type="checkbox"/> No
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V. Investigation Summary and Conclusions

37. Main Hypothesis: _____

38. Alternative explanations for the observed increase in incidence: _____

39. Outbreak summary/notes: _____

40. Potential exposures: <input type="checkbox"/> Central line <input type="checkbox"/> Improper cleaning <input type="checkbox"/> Medical device <input type="checkbox"/> Other: _____	41. Potential source: <input type="checkbox"/> Water <input type="checkbox"/> HCW <input type="checkbox"/> Food <input type="checkbox"/> Other environmental source
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42. Investigator name: _____	43. Title: _____	44. Telephone number: _____
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45. Signature _____	46. Date: _____	47. Date closed in OB log _____
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48. Attachments: <input type="checkbox"/> Final line list <input type="checkbox"/> Epi Curve <input type="checkbox"/> Chart abstraction tool <input type="checkbox"/> Other: <input type="checkbox"/> Site visit tool <input type="checkbox"/> Letter
