State of California—Health and Human Services Agency

California Department of Public Health
Surveillance and Statistics Section
P.O. Box 997377, MS 7306
Sacramento, CA 95899-7377

❒ OTHER OUTBREAK (Use CDC 52.12 for waterborne disease outbreaks; CDC 52.13 for foodborne disease outbreaks.)
❒ OTHER REPORTABLE DISEASE *OR* DISEASE OF UNUSUAL OCCURRENCE

❒ Confirmed ❒ Not confirmed ❒ Suspected

Kind of outbreak/illness

PERSONAL DATA—FOR SINGLE CASE ONLY

Patient name–last	first	middle initial	Date of birth	Age	Sex

Address–number, street	City	State	County	ZIP code

RACE (check one)

❒ African-American/Black ❒ White ❒ Native American ❒ Asian/Pacific Islander ❒ Other _____

If Asian/Pacific Islander, please check one: ❒ Asian Indian ❒ Cambodian ❒ Chinese ❒ Filipino ❒ Japanese ❒ Korean ❒ Laotian ❒ Samoan

ETHNICITY (check one)

❒ Hispanic/Latino ❒ Non-Hispanic/Non-Latino

❒ Guamanian ❒ Hawaiian ❒ Vietnamese ❒ Other_____

LOCATION AND SCOPE OF OUTBREAK—FOR OUTBREAK ONLY

City	County	Name of community, camp, or institution

Population at risk	Number of persons investigated epidemiologically	Number of persons ill	Number of cases laboratory confirmed	Number hospitalized	Number of deaths

Date of Onset		Number of persons ill by age group	Under 1 year	1–4 years	5–9 years	10–19 years	20–39 years	40–59 years	60 and over
First case:	Last case:								

REASON FOR INVESTIGATION

Was the California Department of Public Health notified? ❒ Yes ❒ No

HISTORY OF ILLNESS

Brief description of clinical course and the characteristics of the epidemic or case. Include date of onset and hospitalization for case.

Incubation period (range in hours or days)	Average duration of symptoms	Outcome of case
Minimum: Maximum:		❒ Recovered ❒ Fatal Date of death _____

DIAGNOSTIC TESTS

SPECIMENS		DATE COLLECTED	TYPE OF TEST	RESULTS		NAME AND ADDRESS OF LABORATORY
Type	Number of Patients			Number Positive	Etiology	

RESULTS OF INVESTIGATION AND REMARKS

Summary of investigation, giving probable source with sustaining evidence; also name and address of suspected carrier or missed cases.

PATIENT'S NAME AND ADDRESS	AGE	DATE OF EXPOSURE (IF KNOWN)	DATE OF ONSET	Write in spaces below: signs, symptoms, and laboratory findings observed in this outbreak.									

INVESTIGATOR—Investigator's name	Date	Telephone Number ( )

Investigator's agency name