

Outbreak Investigation Acute Care Hospital

Acute Communicable Disease Control
313 N Figueroa Street, Room 212, Los Angeles, CA 90012
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OB Number Year



Outbreak Situation

Reported to CDPH Date of Final Report

1. Facility Name 2. Reporter (Name, Title) 3. Reported
3a. Create Date IRIS 4. Facility Address 5. City 6. Zip 7. Contact Person
8. Telephone 9. Cell 10. Email 11. D/T of ACDC Investigation
11a. Date of Onset

I. Outbreak Description

12. Number of case identified at time of reporting 13. Date OB/situation recognized by facility 14. a. Number of deaths
14. b. Deaths attributed to the organism 15. Above baseline? 16. Number of population at risk
17. Number of:

	Patients	Staff
Infected/ Symptomatic	<input type="text"/>	<input type="text"/>
Colonized/ Asymptomatic	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

 18. Cases received treatment of or dependent on (provide # of cases)
 Catheter Surgery CentralLine Transplant Chemotherapy RespTherapy Dialysis Ventilator Endoscopy Other Immunocompromised
19. Sex Distribution Male Female 20. Age Distribution < 1
 1 - 18 19 - 50 51 - 65 66 - 74 ≥75
21. Facility Type General acute care hospital Pediatric hospital D/P SNF Long-term acute care hospital Other:
22. Unit Type ICU Med surgical Multiple units NICU Neuro Oncology Psych Step-down Sub-acute Surgery Telemetry Transplant Other:
23. Organism Acinetobacter Legionella SARS-CoV-2 Aspergillus MRSA Scabies Candida MSSA VRE CRE Mold Unknown gastroenteritis C. difficile Norovirus Pseudomona Unknown rash E. coli Influenza RSV Other:
24. Infection Type: Bloodstream Urinary tract CNS Other:
 Eye Gastrointestinal Respiratory Skin/soft tissue Surgical site
25. Organism an MDRO? 26. Procedure related?
27. Case Definition (include outbreak duration)

II. Laboratory

28. Patient Test (if none, section will be blank)
29. a. Was environmental testing done? if none, section will be blank b. If yes, date collected c. Tested by
30. a. Was molecular testing done? if no, skip to 31 b. If yes, date tested
c. Type of test PCR PFGE WGS Other: e. Were strains related? Isolates Identical Isolates Related Indeterminate Not Related
d. Tested by

III. Investigation

31. a. Did ACDC staff conduct a site investigation? If yes, provide dates if no, skip to 35
b. Joint visit(s) with: EH PHL HFID CDPH Other: None
c. Why was a site investigation performed?
 Severity of disease Disease agent unknown Continued transmission NA
 Deaths Unknown source of transmission Other:
32. Did ACDC receive reports from other agency's site visit? Yes if yes, from which agency: Date of site visit: No
33. Were any procedures observed? (eg. medical device reprocessing, dressing change, wound care)
 Yes if yes, please explain: No, skip to 35
34. Notes from infection control assessments and deficiencies observed:
35. Did ACDC consult with external agencies?
 CDC CDPH DWP Manufacturer FDA Other: NA

Facility Name Outbreak/Situation Number

IV. Control Measures

36. Control measures initiated by healthcare facility prior to ACDC investigation

- Patient Cohorting
 Special Precautions
 Began/increased use of hand hygiene
 Other:
- Staff Cohorting
 Staff Education
 Began/increased use of respiratory/cough etiquette
 None
- Closed to new admission
 Prophylaxis
 Enhanced environmental cleaning

37. Recommendations

	ACDC Recommendations	Action Implemented by Facility	NA
a. Isolation precautions	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> NA
b. Enhanced healthcare worker education and training	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> NA
c. Enhanced environmental cleaning	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> NA
d. Patient cohorting	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> NA
e. Staff cohorting	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> NA
f. Family/visitor education	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> NA
g. Continue control measures implemented prior to notification	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> NA
h. Surveillance Testing (admission cultures, point prevalence, high risk contacts)	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> NA
i. Other: <input type="text"/>	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> NA
j. Other: <input type="text"/>	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> Date: <input type="text"/>	<input type="checkbox"/> NA

38. a. Was post-exposure procedure patient notification conducted? **b. If yes, number of patients notified?**

c. Date range: to **d. Method of patient notification:**

39. a. Were outbreak notification letters posted at the hospital? **If yes, date:** **b. Locations:**

40. a. Were healthcare workers informed of the outbreak? **b. If yes, how:**

41. Was surveillance testing(s) obtained?

a. First surveillance tests:	b. Date collection started:	e. - k.	Number Collected	Number Positive	l. Second surveillance tests:	m. Date collection started:	p. - v.	Number Collected	Number Positive
<input type="checkbox"/> Patient	<input type="text"/>	Patients:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Patients	<input type="text"/>	Patients:	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Staff		Staff:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Staff		Staff:	<input type="text"/>	<input type="text"/>
c. Type of test: <input type="text"/>		Total	<input type="text"/>	<input type="text"/>	n. Type of test: <input type="text"/>		Total:	<input type="text"/>	<input type="text"/>
d. Type of specimen collected: <input type="text"/>					o. Type of specimen collected: <input type="text"/>				

42. Were any units closed: **a. To new admissions?** **b. To new transfers?** **c. Date closed:** **d. Date reopened:** **e. Were the closures:** Voluntary ACDC Recommendation

43. Was a case-control study done? No Yes **If yes, provide the file pathway:**

V. Investigation Summary and Conclusions

44. Main hypothesis
 Person to person transmission

45. Alternative Hypothesis

46. Outbreak summary/notes

47. Potential exposures: Central line Improper cleaning Improper PPE Procedure-related Person to person Improper hand hygiene Improper reprocessing Intubation Medical device Other:

48. Potential source: Water HCW Food Medication Injection Other environmental source:

49. Investigator name: **50. Title:** **51. Telephone number:**

52. Signature: **53. Date of final report:** **54. Date closed in OB log:**

55. Attachments: Final line list Epi curve Letter/investigation summary Other:

56. Date active investigation closed: **57. Date closure email sent to facility:**

Assigned LPHN: **Assigned Epi:**

Facility Name **Outbreak/Situation Number**