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 Assessment of Respiratory Outbreak Report

After form is completed and before signatures are obtained, FAX to ACDC (213) 482-4856.

OB#/VCMR ID: _____ ***NOTE**: For licensed healthcare facility, stop here and use **H1164.***

CONTACT AND DESCRIPTIVE INFORMATION

Facility Name			Business Hours ☐ Open 24 hrs
Street Address	City	State	Zip Code
Primary Contact (**NOTE:** LAUSD's primary contact is their CD Nurse.)	Primary Contact Phone ( )	Primary Contact E-mail	
Is there an on-site healthcare worker? ☐ Yes → List as primary contact (above) ☐ No → List 2nd Contact	Hours Available	Secondary Contact Phone ( )	Secondary Contact E-mail

Type of Facility:

Non Healthcare-Associated Institution
☐ Camp ☐ Detention Center
☐ Dorm ☐ Assisted Living
☐ University/College ☐ Other →
Describe: _____
_____
_____
_____

Congregate Setting
☐ School ☐ Daycare ☐ Office
☐ Other → Describe: _____
If School, Level? ☐ Preschool ☐ Elementary
☐ Middle ☐ High
LAUSD? ☐ No ☐ Yes
Special Ed? ☐ No ☐ Yes

Number of People at Facility:

_____ : Students, Clients or Residents

_____ : Staff

_____ : Other→Describe:

_____ **: TOTAL**

EVENT DESCRIPTION AND RESPONSE (at time of initial report)

Symptom Onset (First Case) Date ____/_____/_____	Number Ill	Number Hospitalized	Number Died
Number with Lab Tests (Describe results.)		Number at Risk / Unit (Describe classroom, office, cabin, etc.) /	
Has anyone received treatment? ☐ No ☐ Yes → What type? _____	Were ill people sent home? ☐ No ☐ Yes → How many? _____	Prior to event, was flu vaccination provided? ☐ No ☐ Yes → How many? _____ Staff _____ Students/Clients/ Residents	

What other control steps have been taken so far?
☐ Nothing ☐ Screened for others ill ☐ Informed staff and students/clients/residents ☐ Other→Describe: _____

PLANNING (Intervention steps if needed per AMD assessment; Check all that apply.)

☐ Provide educational materials ☐ Create line list ☐ Verify lab tests ☐ Close facility ☐ Send home or isolate ill

☐ Conduct site visit → Date: _____ ☐ Collect specimens → Type: _____

☐ Letter to parents/staff/residents, etc. → Written by ☐ PH ☐ Other→ Describe: _____

☐ Provide vaccine or prophylaxis → Describe: _____ ☐ Other → Describe: _____

☐ No further investigation needed. (Describe below)

REMARKS

Initial Assessment: ☐ Not an Outbreak ☐ Outbreak, Not Ongoing ☐ Outbreak, Ongoing

Investigator's Name (print)	Investigator's Signature	Date	Phone ( )
PHNS's Name (print)	PHNS's Signature	Date	Phone ( )
AMD's Name (print)	AMD's Signature	Date	Phone ( )