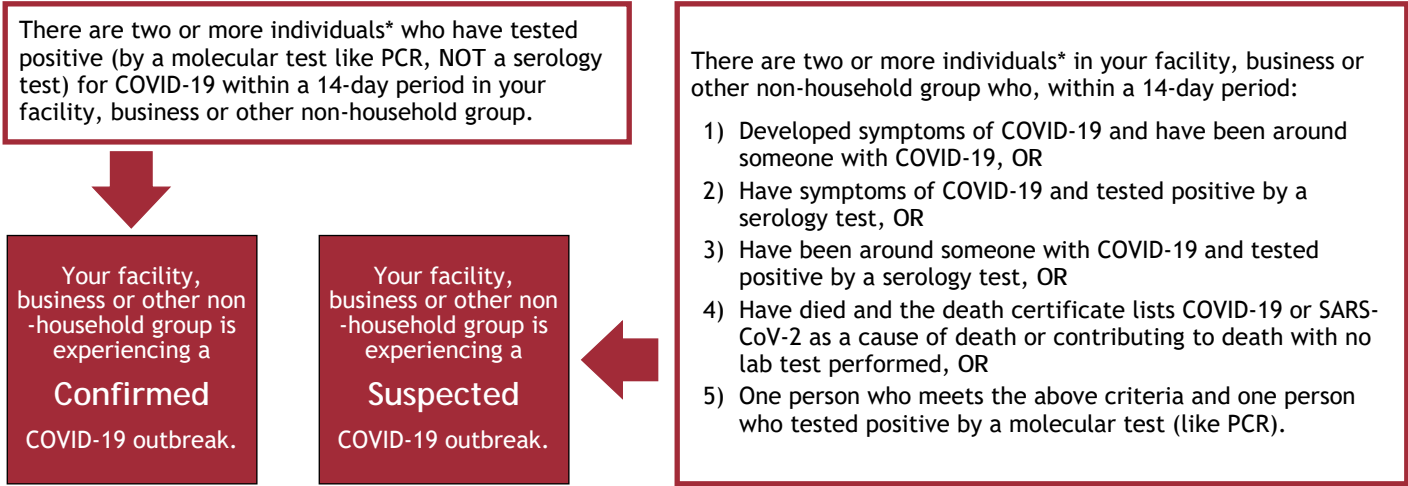




# COVID-19 Outbreak Report Form

To report a suspect or confirmed outbreak of COVID-19, complete this form and send it via secure email to [pueblohealthCDteam@pueblocounty.us](mailto:pueblohealthCDteam@pueblocounty.us), or to the Colorado Department of Public Health and Environment ([cdphe\\_covid\\_outbreak@state.co.us](mailto:cdphe_covid_outbreak@state.co.us))

How to determine if your business or facility has a **Suspected** or **Confirmed** COVID-19 outbreak:



\*Note: For long-term care, assisted or independent living facilities, as well as correctional facilities and other settings in which people reside, the two or more individuals are two or more residents, *not* staff. For more information on outbreak definitions specific to certain settings including non-hospital healthcare settings (e.g., long-term care, assisted living facilities, and independent living facilities/senior communities that offer healthcare), and correctional settings, please visit: <https://docs.google.com/document/d/1e-IWLtzJNCgl2gzPONGvEASGgse85WuBmcToc9ev-74/edit>

## Clinical Criteria for reporting probable cases of COVID-19

Symptoms of COVID-19 are non-specific, and the disease presentation can range from no symptoms (asymptomatic) to severe pneumonia and death.

Clinical criteria: must have one of the following AND no alternative more likely diagnosis

- At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose  
-OR-
- Any one of the following symptoms: cough, shortness of breath, or difficulty breathing, new olfactory disorder, new taste disorder  
-OR-
- Severe respiratory illness with at least one of the following:
  - Clinical or radiographic evidence of pneumonia
  - Acute respiratory distress syndrome (ARDS)

Note: Older adults may experience different symptoms, so facilities caring for this population are encouraged to test. If COVID-19 is circulating locally, and several residents develop acute febrile respiratory illness within a short period of time, COVID-19 should be suspected until proven otherwise.

## When will the outbreak be considered "over"?

Outbreak resolution is defined as 28 days after the onset of symptoms of the last case. When your facility or business meets this criteria, complete this form and select the "final report" box below. Once CDPHE has received this form and uploaded it into the outbreak tracking system, the outbreak will be designated "Resolved" on the CDPHE website. Contact your local public health agency or CDPHE with questions or for assistance.



<b>Initial Report</b>	
Date of Report:	State-assigned Outbreak #:
Status of outbreak (see definitions on p.1; check only one): <input type="checkbox"/> Suspected COVID-19 outbreak <input type="checkbox"/> Confirmed COVID-19 outbreak	

<b>Final Report</b>	
What method was used to resolve the outbreak?	<input type="checkbox"/> Test-based* <input type="checkbox"/> Non-test-based
*If test-based: Date of first round of testing:	*Date of second round of testing:
What is the onset or test date of the last case?	<input type="checkbox"/> <b>Outbreak Closed</b>

Facility or Business Information	
Facility name: <hr/> Address: <hr/> City:                                  Zip: <hr/> County: <hr/> Phone:                      Email:	Type of facility (check only one): <input type="checkbox"/> Skilled nursing <input type="checkbox"/> Assisted living <input type="checkbox"/> Combined care <input type="checkbox"/> Workplace <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Childcare/School <input type="checkbox"/> Other: <hr/> Facility contact: <hr/> Title:
Did the facility (workplace, school, event, etc.) close for one day or more? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Date illnesses were determined to be an outbreak:	

Schools: please fill out sections A, B and C.

Outbreak Information	
A. Residents/Attendees/Students (people who are not staff at the facility, business or school)	
Number of residents/attendees/students in facility (census):	
Number of confirmed resident/attendee/student cases when the outbreak was reported:	Number of probable resident/attendee/student cases when the outbreak was reported:
Number of residents/attendees/students with respiratory illness (using clinical criteria outlined above):	Date first resident/attendee/student became ill with respiratory symptoms:
Lab Testing	
Number of residents/attendees/students tested for COVID-19:	Number of residents/attendees/student who tested positive for COVID-19 (by a molecular test like PCR, not a serology test):
Date first COVID-19 positive resident/attendee/student became ill:	Number of residents/attendees/students who have probable COVID-19 (not tested/test pending/positive serology test/negative test without alternate diagnosis):



Where were specimens sent for COVID-19 testing (if applicable)?	
<input type="checkbox"/> CDPHE <input type="checkbox"/> Trident/Schryver <input type="checkbox"/> LabCorp <input type="checkbox"/> Quest <input type="checkbox"/> Other:	
Number of residents/attendees/students tested for influenza:	Number of residents/attendees/students who tested positive for influenza:
Number of residents/attendees/students tested for RSV:	Number of residents/attendees/students who tested positive for RSV:
Number of residents/attendees/students tested for another respiratory illness (e.g., with respiratory panels or other testing):	Number of residents/attendees/students who tested positive for another respiratory illness:
What other illnesses were identified (if applicable)?	
<b>Outcomes</b>	
Number of hospitalized residents/attendees who tested positive for COVID-19 (using a molecular/PCR test):	Number of hospitalized residents/attendees with probable COVID-19 (not tested/test pending/positive serology test/negative test without alternate diagnosis):
List hospitals where residents have been transferred:	
Number of deaths among residents/attendees who have tested positive for COVID-19 (using a molecular/PCR test):	Number of deaths among residents/attendees with probable COVID-19 (not tested/test pending/positive serology test/negative test without alternate diagnosis):
Comments (provide any other information regarding resident/attendee illness):	
<b>B. Staff (employees at facility or business)</b>	
Number of staff/employees that work at the facility or business:	
Number of confirmed staff/employee cases when the outbreak was reported:	Number of probable staff/employee cases when the outbreak was reported:
Number of staff/employees with respiratory illness (using clinical criteria outlined above):	Date first staff member or employee became ill with respiratory symptoms:
<b>Lab Testing</b>	
Number of staff/employees tested for COVID-19:	Number of staff who tested positive for COVID-19 (by a molecular test like PCR, not a serology test):
Date first COVID-19 positive staff member/employee became ill:	Number of staff/employees who have probable COVID-19 (not tested/test pending/positive serology test/negative test without alternate diagnosis):
Where were specimens sent for COVID-19 testing (if applicable)?	
<input type="checkbox"/> CDPHE <input type="checkbox"/> Trident/Schryver <input type="checkbox"/> LabCorp <input type="checkbox"/> Quest <input type="checkbox"/> Other:	



Number of staff/employees tested for influenza:	Number of staff/employees who tested positive for influenza:
Number of staff/employees tested for RSV:	Number of staff/employees who tested positive for RSV:
Number of staff/employees tested for another respiratory illness (e.g., with respiratory panels or other testing):	Number of staff/employees who tested positive for another respiratory illness:
What other illnesses were identified (if applicable)?	

**Outcomes**

Number of hospitalized staff/employees who tested positive for COVID-19 (using a molecular/PCR test):	Number of hospitalized staff/employees with probable COVID-19 (not tested/test pending/positive serology test/negative test without alternate diagnosis):
List hospitals where staff have been transferred:	
Number of deaths among staff/employees who have tested positive for COVID-19 (using a molecular/PCR test):	Number of deaths among staff/employees with probable COVID-19 (not tested/test pending/positive serology test/negative test without alternate diagnosis):

Comments (provide any other information regarding staff/employee illness):

**C. Additional School Information**

Is the school cohorting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of students in cohort:
Describe cohorting:	
Grade levels involved in the outbreak:	
First case was: <input type="checkbox"/> Student <input type="checkbox"/> Teacher/Staff	
Number of cohorts/classrooms meeting class/cohort outbreak definition at first report:	
Number of cohorts/classrooms meeting class/cohort outbreak definition at final report:	

**Reporter Information**

Person reporting:	Agency:
Agency address:	Agency phone: