CDC Use Only

|  |  |
| --- | --- |
| **CDC unique identifier** |  |

-----------------------------------------------------------------------------------------------------------------------------------------------------

**Reporting Agency**

|  |  |
| --- | --- |
| **Reporting jurisdiction** |  |
| **Contact name** (*person completing form*) |  |
| **Contact phone number** (*xxx-xxx-xxxx*) |  |
| **Contact email address** |  |
| **Additional contact name(s)** (*if applicable*) |  |
| **Additional contact phone number(s)**  (*xxx-xxx-xxxx*) |  |
| **Additional contact email address(es)** |  |
| **Date of report submission** (*MM/DD/YYYY*) |  |
| **Reporting Period** | *Select one*  □ Year 1  □ Year 2  □ Year 3  □ Year 4  □ Year 5 |

* *Submit one Initial Outbreak Report Form per outbreak within 5 business days of confirming outbreak*
* ***Complete this form with available information as of the date of report submission***

**Outbreak**

|  |  |  |
| --- | --- | --- |
| **Date outbreak was confirmed** (*MM/DD/YYYY*) | |  |
| **Jurisdiction-assigned outbreak ID1** | |  |
| **Outbreak type**  (*select all that apply*) | □ Hepatitis A, community/person-to-person  □ Hepatitis A, foodborne — associated with an infected food handler  □ Hepatitis A, foodborne — associated with contaminated food  □ Hepatitis A, foodborne — undetermined whether associated with an infected food handler or contaminated food  □ Hepatitis A, waterborne  □ Hepatitis A, source not identified  □ Hepatitis B, community/person-to-person  □ Hepatitis B, healthcare-associated  □ Hepatitis B, source not identified  □ Hepatitis C, community/person-to-person  □ Hepatitis C, healthcare-associated  □ Hepatitis C, source not identified  □ Other, specify: | |

*1 A jurisdiction-assigned unique name or identifier for an identified outbreak. For jurisdictions reporting via HL7, this is PHIN variable code=INV151 and data element identifier=77981-9.*

**Geographic Location**

|  |  |
| --- | --- |
| **Is this a multistate outbreak?** | *Select one*  □ Yes  □ No  □ Unknown |
| **Specify the geographic area(s) in your jurisdiction affected by the outbreak**  *(i.e., areas where outbreak-associated cases are residents)* | County name(s):  City name(s): |

**Outbreak Case Characteristics**

|  |  |
| --- | --- |
| **Number of outbreak-associated cases2** |  |
| **Earliest symptom onset date3** (*MM/DD/YYYY*) |  |
| **Most recent symptom onset date3** (*MM/DD/YYYY*) |  |

2 *Outbreak case definitions are developed by the outbreak investigation team for each outbreak and specify case definition criteria in person, place, and time for cases that are included in the outbreak. Cases meeting the outbreak case definition often also meet the surveillance case definition; however, there are many exceptions.*

3 *If the symptom onset date is unknown, then the date that the patient first tested positive (i.e., specimen collection date) for the hepatitis virus being reported on this form can be used as a proxy for symptom onset date.*

|  |  |  |
| --- | --- | --- |
|  | | **Number of cases for which information is available** |
| **Median age** (*years*) |  |  |
| **Age range** (*years*) | Lower age limit:  Upper age limit: |  |

|  |  |
| --- | --- |
| **Gender** (*number*)  *Total should equal number of outbreak-associated cases* | Female:  Male:  Other gender identity:  Unknown/missing: |
| **Race** (*number*)  *Check all that apply* | American Indian/Alaska Native:  Asian:  Black/African American:  Native Hawaiian/Other Pacific Islander:  White:  Unknown/missing: |
| **Ethnicity** (*number*)  *Total should equal number of outbreak-associated cases* | Hispanic/Latino:  Not Hispanic/Latino:  Unknown/missing: |

|  |  |  |
| --- | --- | --- |
|  | **Number** | **Number of cases for which information is available** |
| **Patients hospitalized4** |  |  |
| **Patients deceased5** |  |  |

4 *Patients should be considered hospitalized if their hospitalization was due to the viral hepatitis infection that resulted from this outbreak. For reporting purposes, ‘hospitalized’ includes patients having evidence of an inpatient hospital admission, evidence of an admission order from an emergency department physician for those patients who left against medical advice, or evidence of >24 hours observation at a medical facility. Patients who were evaluated in an outpatient clinic, those discharged to home from the emergency department with a duration of stay ≤24 hours, or whose hospitalization status was unknown should not be considered hospitalized for the purposes of reporting on this form.*

5 *For reporting purposes, patients should be reported as deceased if their case was reported as outbreak-associated and their death was due to the viral hepatitis infection that resulted from the outbreak or to complications from their outbreak-associated viral hepatitis illness.*

**Outbreak Characteristics**

|  |  |
| --- | --- |
| **Specify outbreak RISK FACTORS identified by time of report**  (*select all that apply*) | □ Drug use, injection  □ Drug use, non-injection  □ Homelessness or unstable housing  □ Incarceration  □ Sexual activity (MSM, multiple sex partners, STDs)  □ Contact with viral hepatitis (household)  □ Contact with viral hepatitis (healthcare worker)  □ Contact with viral hepatitis (other), specify6:  □ Contaminated pharmaceutical product, specify:  □ Healthcare exposure (healthcare worker, employee)  □ Healthcare exposure (patient)  □ Hemodialysis  □ Tissue or organ transplantation  □ Tattoo receipt  □ International travel, specify:  □ Other, specify:  □ Unknown |

6 *e.g., drug use partner, sexual partner*

|  |  |
| --- | --- |
| **Specify outbreak SETTINGS identified by time of report**  (*select all that apply*) | □ Community  □ Household  □ Restaurant or restaurant chain  □ Grocery store or chain  □ Homeless shelter  □ Correctional facility  □ Drug treatment/rehab facility  □ Healthcare facility (medical, inpatient)  □ Healthcare facility (medical, outpatient)  □ Healthcare facility (medical, emergency department)  □ Healthcare facility (medical, surgery center)  □ Healthcare facility (dental)  □ Nursing home or assisted living facility  □ Dialysis center  □ Other, specify7:  □ Unknown |

7 *e.g., hepatitis A in daycare/childcare, hepatitis B in a group home*

|  |  |
| --- | --- |
| **Use this space if needed to provide additional information about settings, risk factors, or modes of transmission** |  |

**Public Health Interventions**

|  |  |
| --- | --- |
| **Which public health interventions are you planning to implement in response to the outbreak?**  (*select all that apply*) | □ Collect food specimens or traceback information  □ Perform an environmental health inspection (e.g., restaurant, grocery store)  □ Close a facility  □ Issue notification, limited (e.g., letter to potentially exposed patients, shopper alert issued to consumers who purchased a specific food product)  □ Issue notification, public (e.g., press release, Epi-X)  □ Perform an infection prevention and control assessment  □ Recommend screening of potentially exposed individuals  □ Provide screening of potentially exposed individuals  □ Recommend postexposure prophylaxis  □ Provide postexposure prophylaxis  □ Perform targeted preexposure prophylaxis (hepatitis A vaccination) outreach for populations at increased risk of infection or adverse consequences of infection  □ Evaluate or expand access to sterile injection paraphernalia among populations affected by the outbreak  □ Evaluate or expand access to medication for opioid use disorder among populations affected by the outbreak  □ Evaluate or expand access to testing for HBV, HCV, and HIV among populations affected by the outbreak  □ Evaluate or expand access to hepatitis A and hepatitis B vaccination among populations affected by the outbreak  □ Evaluate or expand access to treatment among populations affected by the outbreak  □ Other, specify: |
| **Use this space if needed to provide additional information about your planned interventions** |  |

**Other remarks**

|  |  |
| --- | --- |
| **Use this space if needed to provide additional information about any aspect(s) of the outbreak not covered above** |  |
| **Is a CDC consultation requested?** | *Select one*  □ Yes  □ No  □ Not at this time, but we may request a CDC consultation in the future |