

Initial Outbreak Report Form

Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

CDC Use Only

CDC unique identifier	
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Reporting Agency

Reporting jurisdiction	
Contact name <i>(person completing form)</i>	
Contact phone number <i>(xxx-xxx-xxxx)</i>	
Contact email address	
Additional contact name(s) <i>(if applicable)</i>	
Additional contact phone number(s) <i>(xxx-xxx-xxxx)</i>	
Additional contact email address(es)	
Date of report submission <i>(MM/DD/YYYY)</i>	
Reporting Period	<i>Select one</i> <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> 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 <i>(MM/DD/YYYY)</i>	
Jurisdiction-assigned outbreak ID¹	
Outbreak type <i>(select all that apply)</i>	<input type="checkbox"/> Hepatitis A, community/person-to-person <input type="checkbox"/> Hepatitis A, foodborne — associated with an infected food handler <input type="checkbox"/> Hepatitis A, foodborne — associated with contaminated food <input type="checkbox"/> Hepatitis A, foodborne — undetermined whether associated with an infected food handler or contaminated food <input type="checkbox"/> Hepatitis A, waterborne <input type="checkbox"/> Hepatitis A, source not identified <input type="checkbox"/> Hepatitis B, community/person-to-person <input type="checkbox"/> Hepatitis B, healthcare-associated <input type="checkbox"/> Hepatitis B, source not identified <input type="checkbox"/> Hepatitis C, community/person-to-person <input type="checkbox"/> Hepatitis C, healthcare-associated <input type="checkbox"/> Hepatitis C, source not identified <input type="checkbox"/> 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.

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Geographic Location

Is this a multistate outbreak?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Specify the geographic area(s) in your jurisdiction affected by the outbreak <i>(i.e., areas where outbreak-associated cases are residents)</i>	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) <i>Total should equal number of outbreak-associated cases</i>	Female: Male: Other gender identity: Unknown/missing:
Race (number) <i>Check all that apply</i>	American Indian/Alaska Native: Asian: Black/African American: Native Hawaiian/Other Pacific Islander: White: Unknown/missing:
Ethnicity (number) <i>Total should equal number of outbreak-associated cases</i>	Hispanic/Latino: Not Hispanic/Latino: Unknown/missing:

	Number	Number of cases for which
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		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

<p>Specify outbreak RISK FACTORS identified by time of report (select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Drug use, injection <input type="checkbox"/> Drug use, non-injection <input type="checkbox"/> Homelessness or unstable housing <input type="checkbox"/> Incarceration <input type="checkbox"/> Sexual activity (MSM, multiple sex partners, STDs) <input type="checkbox"/> Contact with viral hepatitis (household) <input type="checkbox"/> Contact with viral hepatitis (healthcare worker) <input type="checkbox"/> Contact with viral hepatitis (other), specify⁶: <input type="checkbox"/> Contaminated pharmaceutical product, specify: <input type="checkbox"/> Healthcare exposure (healthcare worker, employee) <input type="checkbox"/> Healthcare exposure (patient) <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Tissue or organ transplantation <input type="checkbox"/> Tattoo receipt <input type="checkbox"/> International travel, specify: <input type="checkbox"/> Other, specify: <input type="checkbox"/> Unknown
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⁶ e.g., drug use partner, sexual partner

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Specify outbreak SETTINGS identified by time of report <i>(select all that apply)</i>	<ul style="list-style-type: none"><input type="checkbox"/> Community<input type="checkbox"/> Household<input type="checkbox"/> Restaurant or restaurant chain<input type="checkbox"/> Grocery store or chain<input type="checkbox"/> Homeless shelter<input type="checkbox"/> Correctional facility<input type="checkbox"/> Drug treatment/rehab facility<input type="checkbox"/> Healthcare facility (medical, inpatient)<input type="checkbox"/> Healthcare facility (medical, outpatient)<input type="checkbox"/> Healthcare facility (medical, emergency department)<input type="checkbox"/> Healthcare facility (medical, surgery center)<input type="checkbox"/> Healthcare facility (dental)<input type="checkbox"/> Nursing home or assisted living facility<input type="checkbox"/> Dialysis center<input type="checkbox"/> Other, specify⁷: <input type="checkbox"/> Unknown
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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	
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Public Health Interventions

<p>Which public health interventions are you planning to implement in response to the outbreak? <i>(select all that apply)</i></p>	<ul style="list-style-type: none"><input type="checkbox"/> Collect food specimens or traceback information<input type="checkbox"/> Perform an environmental health inspection (e.g., restaurant, grocery store)<input type="checkbox"/> Close a facility<input type="checkbox"/> Issue notification, limited (e.g., letter to potentially exposed patients, shopper alert issued to consumers who purchased a specific food product)<input type="checkbox"/> Issue notification, public (e.g., press release, Epi-X)<input type="checkbox"/> Perform an infection prevention and control assessment<input type="checkbox"/> Recommend screening of potentially exposed individuals<input type="checkbox"/> Provide screening of potentially exposed individuals<input type="checkbox"/> Recommend postexposure prophylaxis<input type="checkbox"/> Provide postexposure prophylaxis<input type="checkbox"/> Perform targeted preexposure prophylaxis (hepatitis A vaccination) outreach for populations at increased risk of infection or adverse consequences of infection<input type="checkbox"/> Evaluate or expand access to sterile injection paraphernalia among populations affected by the outbreak<input type="checkbox"/> Evaluate or expand access to medication for opioid use disorder among populations affected by the outbreak<input type="checkbox"/> Evaluate or expand access to testing for HBV, HCV, and HIV among populations affected by the outbreak<input type="checkbox"/> Evaluate or expand access to hepatitis A and hepatitis B vaccination among populations affected by the outbreak<input type="checkbox"/> Evaluate or expand access to treatment among populations affected by the outbreak<input type="checkbox"/> Other, specify:
<p>Use this space if needed to provide additional information about your planned interventions</p>	

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Other remarks

<p>Use this space if needed to provide additional information about any aspect(s) of the outbreak not covered above</p>	
<p>Is a CDC consultation requested?</p>	<p><i>Select one</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No<input type="checkbox"/> Not at this time, but we may request a CDC consultation in the future