

Outbreak Summary Report Form
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

CDC Use Only

CDC unique identifier <i>(created for initial report)</i>	
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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

- *By the end of each Reporting Period, submit an Outbreak Summary Report Form for each outbreak that was reported via the Initial Outbreak Report Form that year.*
 - o *If an outbreak is closed prior to the end of the Reporting Period, the Outbreak Summary Report Form may be submitted at the time of close out rather than waiting until the end of the Reporting Period.*
 - o *If an outbreak is ongoing at the end of the Reporting Period, an interim Outbreak Summary Report Form should be submitted based on data available at the end of the year Reporting Period. An updated, final Outbreak Summary Report Form should be submitted once the outbreak is closed.*
- **Complete this form with available information as of the date of report submission.**

Outbreak

Outbreak status	<i>Select one</i> <input type="checkbox"/> Outbreak, over <input type="checkbox"/> Outbreak, ongoing <input type="checkbox"/> Not an outbreak
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NOTE: Stop here if "Not an outbreak" selected

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Jurisdiction-assigned outbreak ID¹	
Date outbreak was confirmed (MM/DD/YYYY)	
Date outbreak was closed, if applicable (MM/DD/YYYY)	
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.

Geographic Location

Was 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.

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		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 information is available
Patients with symptoms		
Patients with jaundice		

	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.

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Healthcare-associated hepatitis B and C outbreaks

NOTE: Complete the following two questions for healthcare-associated hepatitis B and C outbreaks only. If the outbreak being reported on this form is not a healthcare-associated hepatitis B or C outbreak, enter "N/A."

Estimated number of potentially exposed individuals	
Number of potentially exposed individuals screened to date	

Outbreak Characteristics

<p>Specify outbreak RISK FACTORS identified by time of report <i>(select all that apply)</i></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 did you implement in response to the outbreak? <i>(select all that apply)</i></p>	<ul style="list-style-type: none"><input type="checkbox"/> Collected food specimens or traceback information<input type="checkbox"/> Performed an environmental health inspection (e.g., restaurant, grocery store)<input type="checkbox"/> Closed a facility<input type="checkbox"/> Issued notification, limited (e.g., letter to potentially exposed patients, shopper alert issued to consumers who purchased a specific food product)<input type="checkbox"/> Issued notification, public (e.g., press release, Epi-X)<input type="checkbox"/> Performed an infection prevention and control assessment<input type="checkbox"/> Recommended screening of potentially exposed individuals<input type="checkbox"/> Provided screening of potentially exposed individuals<input type="checkbox"/> Recommended postexposure prophylaxis<input type="checkbox"/> Provided postexposure prophylaxis<input type="checkbox"/> Performed targeted preexposure prophylaxis (hepatitis A vaccination) outreach for populations at increased risk of infection or adverse consequences of infection<input type="checkbox"/> Expanded access to sterile injection paraphernalia among populations affected by the outbreak<input type="checkbox"/> Expanded access to medication for opioid use disorder among populations affected by the outbreak<input type="checkbox"/> Expanded access to testing for HBV, HCV, and HIV among populations affected by the outbreak<input type="checkbox"/> Expanded access to hepatitis A and hepatitis B vaccination among populations affected by the outbreak<input type="checkbox"/> Expanded 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 completed and/or planned interventions</p>	

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Other remarks

Use this space if needed to provide additional information about any aspect(s) of the outbreak not covered above

Use this space if needed to provide additional information about any aspect(s) of the outbreak not covered above	
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