Outbreak Summary Report: SCABIES at a LONG-TERM CARE FACILITY

I. INTRODUCTION:
Date outbreak initially reported to LHD ______________
Who reported outbreak to LHD ____________________
Who at LHD conducted the investigation ___________________
Date infection control recommendations were given to facility by LHD ____________________
Date LHD reported outbreak to DHMH ____________________
Primary contact for outbreak at DHMH (Name & phone #) ____________________

II. BACKGROUND:
Total number of residents at facility ______________
Total number of staff at facility ______________
Type of long-term care facility (i.e. nursing home, assisted living, etc.) ____________________

III. CLINICAL RESULTS:

Residents:  
# symptomatic (cases) ________
# of hospital admissions ________
# of ER visits related to this outbreak only ________
# of deaths ________

Staff:  
# symptomatic (cases) ________
# of hospital admissions ________
# of ER visits related to this outbreak only ________
# of deaths ________

Were residents at this facility prophylaxed?  YES  NO
If YES, please list date(s) of prophylaxis and drug used __________________________
________________________________________

Was staff at this facility prophylaxed?  YES  NO
If YES, date(s) of prophylaxis and drug used __________________________
________________________________________

Onset date range for entire facility, i.e. residents and staff (first to last) __________________________

Onset date range for staff only (first to last) __________________________

-Onset date range for staff only (first to last)
-Please attach an epi curve

Did any of the residents or staff have Norwegian scabies?  YES  NO
Duration of symptoms for cases (range = shortest to longest & median) __________________________
Was the outbreak limited to one floor or wing? (circle one)  YES  NO
If YES, please list floor/wing # and/or name __________________________
IV. LABORATORY RESULTS:

<table>
<thead>
<tr>
<th>Tests conducted on:</th>
<th>Skin scraping</th>
<th>Number Collected</th>
<th>Number Positive</th>
<th>Agent identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

V. CONCLUSION(S): (Please complete either #1a or #1b and #2-7)

1a. Please list the lab-confirmed etiology of the outbreak

___________________________________________________________________________________________

Is the above etiologic agent consistent with the observed course of this outbreak?

YES   NO   UNKNOWN

1b. If an etiology was not lab-confirmed, the etiology of the outbreak is believed to be:

___________________________________________________________________________________________

Briefly, the evidence for this conclusion includes:
___________________________________________________________________________________________
___________________________________________________________________________________________

2. How do you think the outbreak was initiated (i.e. do you think a staff person introduced the agent to the facility)?

___________________________________________________________________________________________

3. What was the mode of transmission during the outbreak?

___________________________________________________________________________________________

4. Was there any evidence that infection control practices might have been related to the outbreak?

YES   NO   UNKNOWN

If YES, please explain briefly
___________________________________________________________________________________________
___________________________________________________________________________________________

5. Please describe changes (if any) in infection control practices at the conclusion of the outbreak.

___________________________________________________________________________________________

6. What recommendations were issued at the beginning and conclusion of the outbreak investigation?

___________________________________________________________________________________________
___________________________________________________________________________________________

7. Please note any other pertinent information, including (if any) restriction(s) and effective date(s):

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

CC LIST

____________________________

____________________________

LTCF Official: ____________________________ Sent: __/__/___