



**Total Case Counts**

**Outbreak-Associated Cases.** Note: This can refer to the entire facility or OB zone(s) in total and would not include all cases in the facility if an OB zone(s) was identified.

	# tested positive	# cases reported symptoms	# hospitalized	# died	# fully vaccinated	# boosted
Staff/employees						
Non-staff: Specify type #1 _____						
Specify type #2 _____						
Specify type #3 _____						
<b>Total (Add rows)</b>						

# suspected cases (i.e. not tested and NOT to be included in case counts) Staff: \_\_\_\_\_ Non-staff: \_\_\_\_\_ Total # cases in facility reported during investigation: \_\_\_\_\_

<b>Reported OB-Associated Cases Not Linked in IRIS</b>	Total #:	
<b>Reason(s) Not Linked</b>	# Missing lab reports:	
	# Out of County residence:	
	# Other reason:	Specify reason:
	# Unknown:	

**TESTING INFORMATION**

Was a worksite testing program already in place prior to outbreak?  Yes  No  
 If yes, describe \_\_\_\_\_

Was additional testing conducted in response to identification of outbreak?  Yes  No  
 What kind of testing was conducted?  Targeted testing of close contacts  
 Mass testing: # of times conducted  Once  More than once, specify \_\_\_\_\_  
 Other, specify \_\_\_\_\_

If no additional testing was conducted, why not? \_\_\_\_\_

Total # staff tested during investigation: \_\_\_\_\_

Was genomic sequencing conducted for any outbreak-associated case?  Yes  No  
 Describe results: \_\_\_\_\_

**CONTROL MEASURES**

Check all control measures taken in response to the outbreak.

- All cases excluded from site while under isolation.
- Close contacts affiliated with facility and non-exempt excluded from site while under quarantine.
- Notification of all employees of outbreak at site while maintaining patient privacy
- Posted notification of outbreak at facility entrance and community areas
- Notification to clients, customers, or vendors who are close contacts to cases at facility
- Posted notification of exposure to spaces adjacent to facility (e.g. employees of other businesses or residents in multiuse building).
- Checked temperature and/or symptoms of all persons daily who are at facility
- Maintained daily visitor log
- Screened clients, vendors, and visitors for fever and symptoms
- Increased frequency of environmental cleaning to \_\_\_\_\_ times/day.
- Facility temporarily close operations from \_\_\_\_\_ (start date) to \_\_\_\_\_ (end date)

Facility Name: \_\_\_\_\_ OB Number: \_\_\_\_\_

Social distancing measures in accordance with re-opening protocols reinforced (describe):  
\_\_\_\_\_

Increased education on respiratory and hand hygiene

Site visit(s) conducted: \_\_\_\_\_ total # visits \_\_\_\_\_ # joint visits with Division of Environmental Health

LACDPH mobile vaccine unit was deployed to facility: Date(s) \_\_\_\_\_

Other measures (describe): \_\_\_\_\_

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**REMARKS (Include: line list, map, epidemic curve, EH site visit reports, laboratory results, and other associated documents, if available).**

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Investigator's name (print)	Investigator's signature	Date	Telephone number
Health District	Supervisor signature	Area Medical Director's signature	