



Acute Communicable Disease Control
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 publichealth.lacounty.gov/acd/

COVID-19 Outbreak Correctional Facility Settings



CONTACT INFORMATION

Facility Name		IRIS OB Number	Date Outbreak Reported	
Address- Number, Street		City	State	ZIP Code
Primary Contact Name and Title		Pager/Phone number	E-mail Address	

OUTBREAK TYPE AND SETTING

Facility
 Correctional Facility: Specify _____

Jail
 Prison: Federal Facility Prison OR State Facility Prison
 Juvenile Hall

Outbreak Definition

- At least two or more epidemiologic linked laboratory confirmed cases* (symptomatic or asymptomatic) of COVID-19 among incarcerated/detained individuals within a 14-day period
- At least three or more epidemiologic linked laboratory confirmed cases* (symptomatic or asymptomatic) of COVID-19 among staff within a 14-day period
- A sudden increase of acute febrile respiratory illness (e.g., Fever measured or reported as >100.0° F and either a cough, sore throat, or shortness of breath) in the setting of community transmission of COVID-19—a minimum of two Person Under Investigation (PUI).

*Epidemiologically linked cases include persons with identifiable connections to each other, such as being present the same setting during the same time period (e.g., same shift/department, same physical work area) within likely timing of exposure and without other more likely sources of exposure. Epidemiologic links indicate a higher likelihood of transmission of disease between cases compared to sporadic incidence.

DESCRIPTIVE INFORMATION

Case definition:
 Any person with suspected/symptomatic** or laboratory-confirmed COVID-19 between _____ (onset date of first case) and _____ (14-days after the last confirmed case) at the facility named above.

**All cases of respiratory illness (characterized by fever and cough or shortness of breath) of unknown etiology can be included as suspected COVID-19.

Laboratory Confirmed Cases

	# confirmed	# cases reported symptoms	# hospitalized	# died	# unvaccinated	# fully vaccinated	# unknown vaccinated
Staff/employees							
Non-staff: Specify type #1							
Specify type #2							
Specify type #3							
Total (Add rows)							

Reported OB-Associated Cases- Not Lab-Confirmed in IRIS	Total #:	
Reason(s) Not Available in IRIS	# Missing lab reports:	
	# Out of County residence:	
	# Other reason:	Specify reason:
	# Unknown:	

Facility Name: _____ OB Number: _____

Testing Protocol

Was a 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

If yes, what kind of testing was conducted? Targeted testing
 Mass testing: # of times conducted--- Once More than once, specify. _____
 Other, specify. _____

If no additional testing was conducted, why not? _____

Was genomic sequencing conducted for any outbreak-associated case? Yes No

Control Measures

Check all control measures taken in response to the outbreak. Note: If Unknown, leave the field blank.

- All unvaccinated cases placed under isolation/quarantine.
 - All unvaccinated close contacts affiliated with facility 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 close contacts to cases at facility.
 - Posted notification of exposure to spaces adjacent to facility (e.g., employees of other businesses or residents in multi-use 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.
 - 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 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)

Investigator's name	Title	District/Program
Email address	Telephone number	Date
Supervisor's name	Title	District/Program
Email address	Telephone number	Date
