

Report: **Outbreak Summary**

Facility name _____ Date _____

Facility

1

Outbreak lead _____

Role at facility _____

Outbreak
information

Outbreak number (5183-202X-XXXXX) _____ ☐ Respiratory ☐ Enteric

Outbreak declared date (yyyy/mm/dd) _____

Outbreak declared over date (yyyy/mm/dd) _____

Reason for declaring outbreak (causative organism) _____

Number of cases _____ Number of staff cases _____

Number of hospitalizations _____ Number of deaths _____

Comments and/or recommendations

2

Report: **Outbreak Summary**

Outbreak information	Comments and/or recommendations
2	

Signature Required	PHN/PHI, sign and date here (Required)	Position at HPPH ☐ PHN ☐ PHI
3	X	Date (yyyy/mm/dd) _____