

OB Form Guidance v2.1.22

COMMON TERMS

Staff/employee: Paid or unpaid individuals, including contractors, volunteers, and anyone who is covered by or authorized to work under employer’s policies and protocols

Case, Laboratory-confirmed case, Confirmed case: Unless otherwise specified, these terms refer to individuals who are reported by the employer as having a test result positive for SARS-CoV-2/COVID-19 and generally do not need to be verified with copies of laboratory test results or linkages in IRIS. “At-home” tests will be accepted unless there is additional information that indicates the result is not valid (e.g. a negative follow-up PCR test in an asymptomatic person). Antibody tests (i.e. IgG- or IgM-positive) are not accepted as cases.

Episode date: The date of symptom onset or positive specimen collection date—whichever is earlier. For example, if the specimen collection date of the cases in the Line List is 12/09/2020, but the symptom onset date for this case is 12/07/2020, then the episode date is 12/07/2020.

Outbreak (OB) zone: If the boundaries of an outbreak can be characterized in smaller, more specific area(s) of a facility rather than the entire worksite, an outbreak zone (OB zone) can be used to monitor the outbreak. Examples of an OB zone include (but not limited to): a building within a complex, a floor of a building, an office area, or other specific area.

Outbreak-associated case: COVID-positive cases associated with the defined outbreak area. Outbreak-association is noted in the Line List column labeled “Outbreak-associated”.

Fully Vaccinated: An individual is considered fully vaccinated for COVID-19 ≥ 2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥ 2 weeks after they have received a single-dose vaccine (Johnson & Johnson [J&J]/Janssen)[±]; there is currently no post-vaccination time limit on fully vaccinated status.

Partially Vaccinated: Those who have received one dose of vaccine (in a 2-dose series), or are less than two weeks from the date of completion of the vaccine series (one or two dose series).

DESCRIPTIVE INFORMATION

Defined outbreak area: If no OB zone was identified in the outbreak (see definition of OB zone(s) in Common Terms), check Entire Facility (figure 1). Provide the total number of staff/employees for the entire facility. Include any who were physically present at the facility and exclude those who were 100% telework.

If only one OB zone was identified during the outbreak, check Single Outbreak (OB) Zone. Provide the name and/or description of the OB zone and total # of employees assigned to work onsite in the OB zone (figure 1). If more than one OB zone was identified, check Multiple OB

zones (figure 2). Descriptive information for the OB zones can be provided in the Multiple OB Zones Details section.

DESCRIPTIVE INFORMATION

Defined outbreak area: Entire facility
 Total # of staff/employees onsite _____

Single Outbreak (OB) zone
 Name and description of OB zone _____
 Total # of staff/employees onsite in OB zone _____

Multiple OB zones, describe in table below.

Figure 1

Multiple OB Zones Details, if applicable (figure 2): If more than one OB zone was identified for the outbreak, information can be provided in this table. For outbreaks in which the defined outbreak area is the entire facility or limited to only one OB zone, this section can be left blank. For each OB zone identified, enter the name and/or description of the OB zone and corresponding number of onsite employees and number of laboratory-confirmed cases. If there are more than three OB zones, additional zones can be described in Remarks.

DESCRIPTIVE INFORMATION

Defined outbreak area: Entire facility
 Total # of staff/employees onsite _____

Single Outbreak (OB) zone
 Name and description of OB zone _____
 Total # of staff/employees onsite in OB zone _____

Multiple OB zones, describe in table below.

Multiple OB Zones Details, if applicable. If more than one OB zone was identified, provide information below. Otherwise leave blank.

Name and/or Description	# of Staff/Employees Onsite	# of COVID-Positive Cases
OB Zone #1: _____		
OB Zone #2: _____		
OB Zone #3: _____		
Total # of staff/employees onsite in all OB zones (Add rows):		

Additional Outbreak Information

Figure 2

Total # of staff/employees onsite in all OB zones: Add the total # of staff/employees onsite across all OB zones in an outbreak with multiple OB zones.

Earliest date a case was present at facility: Refers to the earliest date that any outbreak-associated case was present at the worksite facility while infectious (figure 3). Investigator should verify whether the earliest case(s) worked during the 2 days they were infectious prior to their episode onset as these days may include weekends, holidays, and non-working shifts.

Latest date a case was present at facility: Refers to the latest date that any outbreak-associated case was present at the worksite facility while infectious (figure 3). Investigator must review data in the Line List column labeled “Last day present at facility” to determine this date.

Date of first/last case: Enter first and last episode dates of outbreak-associated cases (figure 3). (i.e. cases marked “Yes” in Line List column labeled “Outbreak-Associated Case”). In IRIS, Date of onset in the Outbreak tab is the Date of first case (figure 4).

Additional Outbreak Information		
Earliest date a case was present at facility**:		Latest date a case was present at facility**:
Date of first case**:	Date of last case**:	Total # of non-staff associated with outbreak estimated to be at risk, if available:

**Refers to COVID-positive cases that are associated with the defined outbreak area (OB zone or facility) and present at facility during their infectious period. Use earliest date available of specimen collection date or onset date of outbreak-associated case.

Figure 3

Figure 4

The Date of last confirmed staff located in the COVID OB Details tab is usually the Date of last case (figure 5). If the last case of the outbreak is non-staff this will be a different date.

Figure 5

Total # of non-staff associated with facility estimated to be at risk: If available, enter any third-party entities who are not employed at facility (e.g., vendors, customers, clients) but who interacted with facility employees and known to have been exposed (figure 3). For example, a client was known to have a meeting with an employee case while infectious. This number is not entered into IRIS.

Outbreak-Associated Cases (table): Enter # tested positive, # cases reported symptoms, # hospitalized, # died, # fully vaccinated, and # boosted among those with “Yes” in the “Outbreak-Associated” column (figure 6). These numbers can be tabulated from data available in the Line List. It is not required to verify descriptive data for all confirmed cases (e.g. # hospitalization, # died, etc). Enter case counts separately for staff and each type of non-staff. Non-staff counts and # cases reported symptoms do not need to be entered in IRIS (figure 7). Additionally, in IRIS, # hospitalized staff (symptomatic and confirmed) is the # hospitalized among confirmed staff, and # deaths among staff (any) does not need to be completed.

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 _____						
Total (Add rows)						
# suspected cases (i.e. not tested and NOT to be included in case counts)	Staff: _____	Non-staff: _____	Total # cases in facility reported during investigation: _____			
Reported OB-Associated	Total #:					

Figure 6

# symptomatic staff	0	# staff tested for COVID-19	12
		# staff CONFIRMED with COVID-19	3
		# hospitalized staff (symptomatic and confirmed)	0
		# deaths among staff (any)	0
		# deaths among staff CONFIRMED with COVID-19	0

Figure 7

suspected cases (i.e. not tested and NOT to be included in case counts): Enter the number of cases associated with the facility who presented with symptoms suggestive of COVID-19 or were diagnosed with COVID-19 but no testing information was available (e.g. patient did not seek testing). Enter case counts separately for staff and total non-staff. These numbers are not entered in IRIS.

Total # cases in facility reported during investigation: Enter the total # of staff/employees the employer reported who tested positive for COVID-19. This is the number of cases listed in the

Case Line List and may be different than the total # of cases in the outbreak if cases such as when cases occurred outside of the OB zone(s).

Reported OB-Associated Cases Not Linked in IRIS, Total #: Enter the total # of outbreak-associated cases who could not be located in IRIS for linking to the outbreak after a thorough search of patient identifiers (figure 8).

Reason(s) Not Linked

Missing lab reports: Enter the # of Los Angeles County residents not linked to the outbreak who could not be located in IRIS or are known to have missing lab reports per investigation. This includes cases who had only negative lab reports in IRIS.

Out of county residence: Enter the # of cases with out of county residential addresses AND could not be located in IRIS.

Other reason: Enter the # of cases that could not be located in IRIS or unable to be linked for other reasons. Specify the reason.

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

Figure 8

TESTING INFORMATION

Worksite testing program: Note whether the facility was already implementing a testing program for screening employees prior to the outbreak and describe the program (e.g. monthly mass testing using at home PCR kits, weekly antigen test screening at point of entry, etc) (figure 9).

Response testing: Note whether facility implemented additional testing in response to identification of the outbreak by LACDPH and describe what kind of testing was conducted (e.g. targeted testing of close contacts, mass testing, other, etc). If mass testing was conducted, specify frequency. If no additional testing was conducted after the outbreak was identified, explain.

Total # staff tested: Enter the number of staff that were tested throughout the course of investigation. If staff were tested more than once, count only once. In IRIS, enter this number in SECTION 3 - INVESTIGATIONAL COUNTS of COVID OB Details tab (figure 10).

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
 Mass testing: # of times conducted Once More than once, specify _____
 Other, specify _____

If no additional testing was conducted, why not? _____

Total # staff tested: _____

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

Figure 9

# symptomatic staff	# staff tested for COVID-19
0	12
	# staff CONFIRMED with COVID-19
	3

Figure 10

CONTROL MEASURES

Check off boxes to document the outbreak control measures that were implemented.

SIGNATURES

Outbreak forms must be signed and dated at the completion of the investigation in order for the outbreak to be closed in IRIS. If the outbreak was investigated at OMB, all signatures and the assigned Health District must be completed (figure 11). If the outbreak was investigated only by ACDC, only the investigator signature is required. All other fields are not applicable.

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

Figure 11