r	COUNTY OF LO	DS ANGELES
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Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212
Los Angeles, CA 90012
213-240-7941 (phone), 213-482-4856 (facsimile)
publichealth.lacounty.gov/acd/



For school/daycare personnel to report an outbreak FAX this form and worksheet to (888) 397-3778 or call (888) 397-3993

Outbreak: 5 or more new cases of influenza-like illness (fever >10 laboratory-confirmed diagnosis in a one week period occurring Special circumstances (pregnancy, special educatior	n persons who are linked	l together (s	ame classroo	m, group, club, team).					
Facility Name			Date of Initial						
		//							
Address- Number, Street	City		State	ZIP Code					
Contact Person Name	Contact Pe ()	Person Telephone Number							
FACILITY INFORMATION									
School Daycare Other (please specify):		Spe	ecial Education	? 🗌 Yes 🔲 No					
What are the business hours for the school/daycare facility? AN	1/PM to AM/PM								
Is there an onsite healthcare worker (e.g., school nurse)?	No If Yes, what is	nis/her sched	lule?						
Total enrollment of children/students in the facility: Total	number of staff:								
OUTBREAK-RELATED QUESTIONS									
Onset of symptoms (initial case) // What set	grade(s)?	Fotal enrolln	nent in affecte	d classrooms					
1) To date, how many STUDENTS have/had symptoms of illness?	(estimated)								
2) To date, how many STAFF have/had symptoms of illness?	(estimated)								
3) What are the most common symptoms of illness?									
Fever Cough Sore throat Head Other:		s (nausea, vo	omiting, diarrhe	ea)					
4) Of those ill, how many have a laboratory/physician diagnosis?			staff						
5) What were the laboratory test results or physician diagnoses?									
6) How many have been hospitalized? students	staff								
7) Has the facility sent ill persons home? Yes No Unk	nown								
8) What control steps have been taken or recommended? (check all the	at apply)								
sent ill students/staff home	screened classrooms for	others ill	increased st	udent education/posters					
	increased environmental	cleaning] in-services f	or staff					
Other:									
,	Yes 🗌 No 🗍 Unknow	n							
If Yes, what type? H1N1 ("swine" or "pandemic")	Seasonal								
REMARKS									

Reporter's Name (print)	Reporter's Signature	Date	Telephone Number ()
For Department of Public Health use only: VCMR	Outbreak Number: Health Dist	rict:	_
RESPIRATORY OUTBREAK REPORT FORM – acd-resp	obschdc (12/09)		
CONFIDENTIAL - This material is subject to the Official In	formation Privilege Act		Page 1 of 2



OUTBREAK WORK SHEET FOR SCHOOL/DAYCARE SETTINGS

Fax completed report form and worksheet to Morbidity at (888) 397-3778



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Contact Person/Phone No.: _____

Outbreak Number: _____

Γ	Student/Staff identification	on		Stud Sta loca	aff		Illness Description					[Diagnostics				Outcome										
	Student/Staff Name	Date of birth or Age	Sex (M/F)	Classroom or Office #	Grade	Date onset illness	Highest temperature (°F)*	Vomiting (Y/N)	Nausea (Y/N)	Diarrhea (Y/N)**	Abdominal Cramps (Y/N)	Body Aches (Y/N)	Chills (Y/N)	Cough (Y/N)	Runny Nose (Y/N)	Sore throat (Y/N)	Rash (Y/N)	Other (Y/N)	Other (Y/N)	Date recovered	Doctor visit (Y/N)	Specimen collected (Y/N)	Specimen Type (stool, Blood, NP, Other)	Diagnosis/Lab Result	Hospitalized (Y/N)	Days hospitalized	Died (Y/N, if yes, date)
1	LName, FName Phone Number																										
2	LName, FName Phone Number																										
3	LName, FName Phone Number																										
4	LName, FName Phone Number																										
5	LName, FName Phone Number																										
6	LName, FName Phone Number											_		_	_												

*Highest temperature: measured oral, under armpit or rectal

**Diarrhea: 3 or more loose/runny stools per 24 hour period

RESPIRATORY OUTBREAK REPORT FORM - acd-respobschdc (12/09)