

**OTHER OUTBREAK** (Use CDC 52.12 for waterborne disease outbreaks; CDC 52.13 for foodborne disease outbreaks.)  
 **OTHER REPORTABLE DISEASE OR DISEASE OF UNUSUAL OCCURRENCE**

Confirmed     Not confirmed     Suspected

Kind of outbreak/illness \_\_\_\_\_

**PERSONAL DATA—FOR SINGLE CASE ONLY**

|   |  |       |                |   |        |          |
|---|--|-------|----------------|---|--------|----------|
| Patient name—last   |  | first | middle initial | Date of birth   | Age    | Sex      |
| Address—number, street  |  |       | City           | State   | County | ZIP code |
| <b>RACE</b> (check one)   |  |       |                | <b>ETHNICITY</b> (check one)  |        |          |
| <input type="checkbox"/> African-American/Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____  |  |       |                | <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino |        |          |
| If Asian/Pacific Islander, please check one:  |  |       |                |   |        |          |
| <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian<br><input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____ |  |       |                |   |        |          |

**LOCATION AND SCOPE OF OUTBREAK—FOR OUTBREAK ONLY**

|                    |  |   |                                      |                     |                  |             |             |             |             |
|--------------------|--|---|--------------------------------------|---------------------|------------------|-------------|-------------|-------------|-------------|
| City               | County   | Name of community, camp, or institution |                                      |                     |                  |             |             |             |             |
| Population at risk | Number of persons investigated epidemiologically | Number of persons ill                   | Number of cases laboratory confirmed | Number hospitalized | Number of deaths |             |             |             |             |
| Date of Onset      |  | Number of persons ill by age group      | Under 1 year                         | 1–4 years           | 5–9 years        | 10–19 years | 20–39 years | 40–59 years | 60 and over |
| First case:        | Last case:                                       |   |                                      |                     |                  |             |             |             |             |

**REASON FOR INVESTIGATION**

Was the California Department of Public Health notified?  Yes  No

**HISTORY OF ILLNESS**

Brief description of clinical course and the characteristics of the epidemic or case. Include date of onset and hospitalization for case.

|  |          |                              |  |
|--|----------|------------------------------|--|
| Incubation period (range in hours or days) |          | Average duration of symptoms | Outcome of case  |
| Minimum:                                   | Maximum: |                              | <input type="checkbox"/> Recovered <input type="checkbox"/> Fatal    Date of death _____ |

**DIAGNOSTIC TESTS**

| SPECIMENS |                    | DATE COLLECTED | TYPE OF TEST | RESULTS         |          | NAME AND ADDRESS OF LABORATORY |
|-----------|--------------------|----------------|--------------|-----------------|----------|--------------------------------|
| Type      | Number of Patients |                |              | Number Positive | Etiology |                                |
|           |                    |                |              |                 |          |                                |
|           |                    |                |              |                 |          |                                |
|           |                    |                |              |                 |          |                                |
|           |                    |                |              |                 |          |                                |

**RESULTS OF INVESTIGATION AND REMARKS**

Summary of investigation, giving probable source with sustaining evidence; also name and address of suspected carrier or missed cases.

| PATIENT'S NAME AND ADDRESS | AGE | DATE<br>OF<br>EXPOSURE<br>(IF KNOWN) | DATE<br>OF<br>ONSET | Write in spaces below: signs, symptoms, and laboratory findings observed in this outbreak. |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------|-----|--------------------------------------|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|
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**INVESTIGATOR**—Investigator’s name

Date

Telephone Number

Investigator’s agency name

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