

Cover Sheet for Example Documentation

Please complete the following form and submit along with your documentation. If you have any questions, please email us at accreditation@astho.org.

The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the **PHAB Domain 2 Standard 2.1 Measure 2.1.2S**.

This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department's activities.

Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.

Document Title:	Outbreak Report Review						
Document Date:	9/1/2015						
Version of Standards and Measures Used: 1.5							
Related PHAB Standard and Measure Number							
Domain:	2	Standard:	2.1	Measure:	2.1.2S	Required Documentation:	2
Short description of how this document meets the Standard and Measure's requirements: The Bureau of Communicable Disease Prevention Epidemiology Program maintains a database of all outbreak data and reports, including a standardized report review checklist. An example of that checklist is included to demonstrate audits of investigation reports.							
Submitting Agency:	Idaho Division of Public Health						
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Can we attribute the document to your agency?							
<input checked="" type="checkbox"/> Yes, you can include our agency name when posting <input type="checkbox"/> No, please post the document anonymously							
Can we include staff name and contact information with the documentation?							
<input type="checkbox"/> Yes, you can include staff contact information <input type="checkbox"/> No, please do not include staff contact information							

Thank you for submitting your health agency's documentation to the Accreditation Library. We appreciate your contribution to this resource, and we look forward to continuing to provide you with assistance in your accreditation work.

OutbreakReportReview

Outbreak Number:

Date outbreak report was received at BCDP:
Days used to submit outbreak to OEFI (calculated)

Date outbreak report was reviewed at BCDP:
Days used to review outbreak report (calculated)

Reviewer:

An electronic version of the outbreak report is saved at: <L:\Outbreaks\2015\2015-080 HD5 Shigellosis h>

[How to edit the hyperlink field](#)

Organizations	Participating Organizations	Which organization is the OB lead?	Which organization submitted the OB report?	Which organizations contributed to the report?
PHD1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHD2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHD3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHD4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHD5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PHD6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHD7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BCDP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other agency:

Every outbreak report:

- BCDP Outbreak Report Form included
- Written report included
- Report received within 30 days following 3 incubation periods from the last associated case of illness

Confirmed Foodborne or Waterborne outbreak:

CDC NORS form submitted

NORS form status:

Date preliminary NORS report sent to CDC (MM/DD/YYYY):

Date final NORS report sent to CDC (MM/DD/YYYY):

Days between outbreak notification and preliminary NORS send date (calculated):

Days between outbreak notification and final NORS send date (calculated):

OutbreakReportReview

Confirmed Foodborne or Waterborne outbreak:

CDC NORS form submitted

NORS form status:

Date preliminary NORS report sent to CDC (MM/DD/YYYY):

Date final NORS report sent to CDC (MM/DD/YYYY):

Days between outbreak notification and preliminary NORS send date (calculated):

Days between outbreak notification and final NORS send date (calculated):

For all outbreaks:

Please note: while these areas are required for all outbreaks the amount of content covering each area may be different depending on the type of outbreak. Suspected outbreaks or outbreaks with <5 cases, or outbreaks that are an apparent or confirmed norovirus or influenza outbreak in a residential facility should have a brief (1-2) page summary of the investigation. A confirmed or probable outbreak with 5 or more cases should be longer.

Context/Background - Information that helps to characterize the incident, including the following:

- Population affected (e.g., estimated number of persons exposed and number of persons ill)
- Location (e.g., setting or venue)
- Geographical area(s) involved
- Suspected or known etiology

Initiation of Investigation - Information regarding receipt of notification and initiation of the investigation, including the following:

- Date and time initial notification was received by the agency
- Date and time investigation was initiated by the agency

Investigation Methods - Epidemiological or other investigative methods employed, including the following:

- Any initial investigative activity (e.g., verified laboratory results)
- Data collected and analysis methods (e.g., case-finding, cohort/case-control studies, environmental)
- Tools that were relevant to the investigation (e.g., epidemic curves, attach rate tables, and questionnaires)
- Case definitions (as applicable)
- Exposure assessments and classification
- Review of reports developed by first responders, lab testing of environmental media, reviews of environmental testing records, industrial hygiene assessments, questionnaires

Investigation Findings/Results - all pertinent investigation results, including the following:

- Epidemiological results
- Laboratory results (as applicable)
- Clinical results (as applicable)
- Other analytic findings (as applicable)

Line list of cases

Line list submitted with report Confirmed and Probable cases noted in NBS

- Discussion and/or Conclusions - analysis and interpretation of the investigation results, and/or any conclusions drawn as a result of performing the investigation. In certain instances, a Conclusions section without a Discussion section may be sufficient.
- Recommendations for Controlling Disease and/or Preventing/Mitigating Exposure - specific control measures or other interventions recommended for controlling the spread of disease or preventing future outbreaks and/or for preventing/mitigating the effects of an acute environmental exposure
- Key Investigators and/or Report Authors - names and titles are critical to ensure that lines of communication with partners, clinicians, and other stakeholders can be established.

Final assessment:

- Does the outbreak report meet the contract criteria?
- If report does not meet contract criteria, is the report acceptable?

If the report was acceptable despite not meeting contract criteria, please describe mitigating circumstances:

Reminder to reviewer: the outbreak report should be free of confidential or privileged information, as it can be obtained under the Freedom of Information Act.

Other Outbreak Report Notes: (not for notes about the outbreak event)

Small OB, but report meets criteria. The final summary [REDACTED] includes in each of her OB reports is a very nice way to quickly view the extent of the OB, describe who was involved, and determine the public health interventions. [REDACTED]