

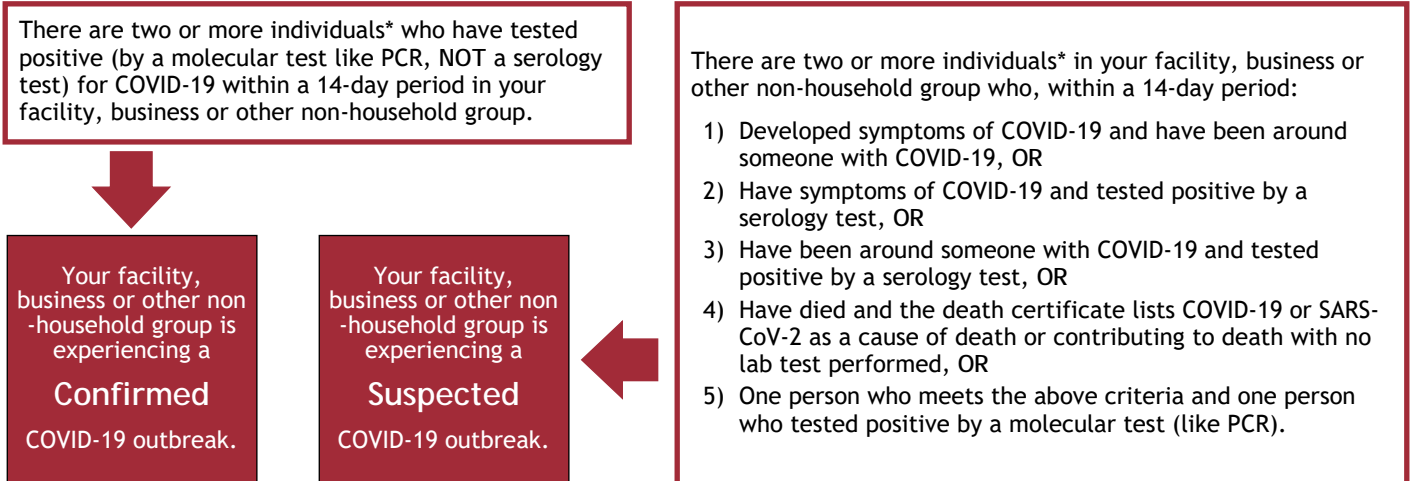


# COVID-19 Outbreak Report Form

To report a suspect or confirmed outbreak of COVID-19, complete this form and send it via secure email to your local public health agency, or to the Colorado Department of Public Health and Environment (CDPHE\_HAIOutbreak@state.co.us)

Unsure of which local public health agency is yours? A list can be found at <https://www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency>

How to determine if your business or facility has a **Suspected** or **Confirmed** COVID-19 outbreak:



\*Note: For long-term care, assisted or independent living facilities, as well as correctional facilities and other settings in which people reside, the two or more individuals are two or more residents, *not* staff. For more information on outbreak definitions specific to certain settings including non-hospital healthcare settings (e.g., long-term care, assisted living facilities, and independent living facilities/senior communities that offer healthcare), and correctional settings, please visit: <https://docs.google.com/document/d/1e-IWLtzJNCgl2gzPONGvEASGgse85WuBmcToc9ev-74/edit>

## Clinical Criteria for reporting probable cases of COVID-19

Symptoms of COVID-19 are non-specific, and the disease presentation can range from no symptoms (asymptomatic) to severe pneumonia and death.

Clinical criteria: the individual must have recently developed one or more of the following AND have no alternative diagnosis

- At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s)  
-OR-
- At least one of the following symptoms: cough, shortness of breath, or difficulty breathing  
-OR-
- Severe respiratory illness with at least one of the following:
  - Clinical or radiographic evidence of pneumonia, or
  - Acute respiratory distress syndrome (ARDS)

Note: Older adults may experience different symptoms, so facilities caring for this population are encouraged to test. If COVID-19 is circulating locally, and several residents develop acute febrile respiratory illness within a short period of time, COVID-19 should be suspected until proven otherwise.

## When will the outbreak be considered "over"?

Outbreak resolution is defined as 28 days after the onset of symptoms of the last case. When your facility or business meets this criteria, complete this form and select the "final report" box below. Once CDPHE has received this form and uploaded it into the outbreak tracking system, the outbreak will be designated "Resolved" on the CDPHE website. Contact your local public health agency or CDPHE with questions or for assistance.





**Staff (employees at facility or business)**

Number of staff/employees that work at the facility or business:	
Number of staff/employees with respiratory illness (using clinical criteria outlined above):	
Date first staff member or employee became ill with respiratory symptoms:	Was there testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Lab Testing</b>	
Number of staff/employees tested for COVID-19:	Number of staff who tested positive for COVID-19 (by a molecular test like PCR, not a serology test):
Date first COVID-19 positive staff member/employee became ill:	Number of staff/employees who have probable COVID-19 (not tested/test pending/positive serology test/negative test without alternate diagnosis):
Where were specimens sent for COVID-19 testing (if applicable)?	
<input type="checkbox"/> CDPHE <input type="checkbox"/> Trident/Schryver <input type="checkbox"/> LabCorp <input type="checkbox"/> Quest <input type="checkbox"/> Other:	
Number of staff/employees tested for influenza:	Number of staff/employees who tested positive for influenza:
Number of staff/employees tested for RSV:	Number of staff/employees who tested positive for RSV:
Number of staff/employees tested for another respiratory illness (e.g., with respiratory panels or other testing):	Number of staff/employees who tested positive for another respiratory illness:
What other illnesses were identified (if applicable)?	
<b>Outcomes</b>	
Number of hospitalized staff/employees who tested positive for COVID-19 (using a molecular/PCR test):	Number of hospitalized staff/employees with probable COVID-19 (not tested/test pending/positive serology test/negative test without alternate diagnosis):
List hospitals where staff have been transferred:	
Number of deaths among staff/employees who have tested positive for COVID-19 (using a molecular/PCR test):	Number of deaths among staff/employees with probable COVID-19 (not tested/test pending/positive serology test/negative test without alternate diagnosis):
Comments (provide any other information regarding staff/employee illness):	

**Reporter Information**

Person reporting:	Agency:
Agency address:	Agency phone: