COVID-19 Outbreak Report Form

COLORADO Department of Public Health & Environment | CDPHE

To report a 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_covid_outbreak@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

Confirmed outbreak criteria:

There are two or more individuals* who have tested positive (by a molecular test like PCR, **NOT** a serology test) for COVID-19, **OR** one positive AND two or more probable cases within a 14-day period in your facility, business or other non-household group.

Probable case criteria:

1) Meets clinical criteria below AND have been around someone with COVID-19, **OR**
2) Have tested positive by a serology test in a respiratory speciman, **OR**
3) Have died and the death certificate lists COVID-19 or SARS-CoV-2 as a cause of death or contributing to death with no lab test performed.

*Note: For correctional facilities, the two or more confirmed individuals **OR** the one confirmed and two probable individuals must be residents/inmates/detainees, not staff. For more information on outbreak definitions specific to certain settings including residential healthcare settings (e.g., long-term care, assisted living facilities, and independent living facilities/senior communities that offer healthcare), non-residential healthcare, schools and correctional settings, please visit:
https://docs.google.com/document/d/1e-IWLtzJNCgI2gzPONGvEASGgse85WuBmcToc9ev-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: must have one of the following AND no alternative more likely diagnosis

- At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose
  -OR-
- Any one of the following symptoms: cough, shortness of breath, or difficulty breathing, new olfactory disorder, new taste disorder
  -OR-
- Severe respiratory illness with at least one of the following:
  − Clinical or radiographic evidence of pneumonia
  − 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 **OR,** in a residential health care setting to resolve, weekly testing must continue until no new cases of COVID-19 infection are identified for a period of at least 14 days since the most recent positive result. Testing must be conducted in accordance with state requirements (https://docs.google.com/document/d/1HRriYxHmqP9RpYTx9jk2qZFocvTkXvsqgmJ38NgYQxY/edit). 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.

Initial Report

Date of Report: State-assigned Outbreak #:

Status of outbreak (see definitions on p.1; check only one):   ☐ Suspected COVID-19 outbreak   ☐ Confirmed COVID-19 outbreak

Final Report

What method was used to resolve the outbreak?   ☐ Test-based*   ☐ Non-test-based

*If test-based: Date of first round of testing: *Date of second round of testing:

What is the onset or test date of the last case?   ☐ Outbreak Closed

Facility or Business Information

Facility name:

Address:

City: Zip:

County:

Phone: Email:

Type of facility (check only one):

☐ Skilled nursing   ☐ Assisted living   ☐ Combined care
☐ Workplace   ☐ Correctional Facility ☐ Childcare/School

☐ Other:

Facility contact:

Title:

Did the facility (workplace, school, event, etc.) close for one day or more?   ☐ Yes   ☐ No   ☐ Unknown

Date illnesses were determined to be an outbreak:

Schools: please fill out sections A, B and C.

Outbreak Information

A. Residents/Attendees/Students (people who are not staff at the facility, business or school)

Number of residents/attendees/students in facility (census):

Number of confirmed resident/attendee/student cases when the outbreak was reported:	Number of probable resident/attendee/student cases when the outbreak was reported:
Number of residents/attendees/students with respiratory illness (using clinical criteria outlined above):	Date first resident/attendee/student became ill with respiratory symptoms:

Lab Testing

Number of residents/attendees/students tested for COVID-19:	Number of residents/attendees/student who tested positive for COVID-19 (by a molecular test like PCR, not a serology test):
Date first COVID-19 positive resident/attendee/student became ill:	Number of residents/attendees/students 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)? ☐ CDPHE ☐ Trident/Schryver ☐ LabCorp ☐ Quest ☐ Other:	
Number of residents/attendees/students tested for influenza:	Number of residents/attendees/students who tested positive for influenza:
Number of residents/attendees/students tested for RSV:	Number of residents/attendees/students who tested positive for RSV:
Number of residents/attendees/students tested for another respiratory illness (e.g., with respiratory panels or other testing):	Number of residents/attendees/students who tested positive for another respiratory illness:
What other illnesses were identified (if applicable)?	

Outcomes

Number of hospitalized residents/attendees who tested positive for COVID-19 (using a molecular/PCR test):	Number of hospitalized residents/attendees with probable COVID-19 (not tested/test pending/positive serology test/negative test without alternate diagnosis):
List hospitals where residents have been transferred:	
Number of deaths among residents/attendees who have tested positive for COVID-19 (using a molecular/PCR test):	Number of deaths among residents/attendees with probable COVID-19 (not tested/test pending/positive serology test/negative test without alternate diagnosis):
Comments (provide any other information regarding resident/attendee illness):	

B. Staff (employees at facility or business)

Number of staff/employees that work at the facility or business:	
Number of confirmed staff/employee cases when the outbreak was reported:	Number of probable staff/employee cases when the outbreak was reported:
Number of staff/employees with respiratory illness (using clinical criteria outlined above):	Date first staff member or employee became ill with respiratory symptoms:

Lab Testing

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)? ☐ CDPHE ☐ Trident/Schryver ☐ LabCorp ☐ Quest ☐ 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)?

Outcomes

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):

C. Additional School Information

Is the school cohorting? ☐ Yes ☐ No	Number of students in cohort:

Describe cohorting:

Grade levels involved in the outbreak:

First case was: ☐ Student ☐ Teacher/Staff

Number of cohorts/classrooms meeting class/cohort outbreak definition at **first** report:

Number of cohorts/classrooms meeting class/cohort outbreak definition at **final** report:

Reporter Information

Person reporting: Agency:

Agency address: Agency phone: