

## COVID-19 Outbreak Report Form

## for Long Term Care Facilities\*

Respiratory illness: [Fever (>100 F)] OR [lower respiratory illness (new cough or shortness of breath)]

NOTE: When COVID-19 is detected in the surrounding community of the LTCF, a high index of suspicion should be maintained. The medical director or local public health agency might consider loosening the respiratory illness case definition to account for upper respiratory symptoms in an outbreak highly suspected of being due to COVID-19, in which residents do not manifest multiple signs.

## **COVID-19 Outbreak Definitions:**

- Suspected COVID-19 outbreak: two cases of respiratory illness, at least one in a resident, within a 1-week period without a positive test for COVID-19. Residents or staff with clinically relevant respiratory illness should be considered as suspect COVID-19 cases until the disease can be ruled out, even if other etiologies have been identified.
- Confirmed COVID-19 outbreak: at least one resident or staff with a positive test for SARS-CoV-2, the virus that causes COVID-19.
- \* Long-term care facility includes nursing homes, assisted living facilities and residences, skilled nursing facilities and other residential settings

	Date of report:		State-assigned Outbreak #:		
Facility Information	Date of reports		otate assigned outsteak in		
Facility name:		Type of long-term	n care facility (check only on	ie):	
Address:		☐ Skilled nursing	g Assisted living	☐ Combined care	
City: Zip:		Other:			
County:		Name of reporter	:		
Phone Email:		Title:			
Outbreak Information					
Residents					
Number of residents in facility:					
Number of residents with respiratory illness (using o	definition above):				
Date of first symptom onset in a resident with respiratory disease:					
Number of residents tested for COVID-19:		Number of residents positive for COVID-19:			
Number of residents tested for influenza:		Number of residents positive for influenza:			
Number of residents tested for RSV:		Number of resid	ents positive for RSV:		
Number of residents tested for other viral pathogens (e.g., with repiratory panels or other testing)		Number of residents with other respiratory pathogens identified (use comment box below to describe pathogens identified):			
If specimens have been sent for COVID-19 testing, which laboratories are performing testing?					
☐ CDPHE ☐ Trident/Schryver ☐ Qu	est $\square$	LabCorp C	Other:		
Number of residents hospitalized:					
List hospitals where patients have been transferred	:k				
Number of deaths:					
Comments (provide any other information about regarding resident illness)					

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## COVID-19 Outbreak Report Form for Long Term Care Facilities

Outbreak Information				
Staff				
Number of staff in facility:				
Number of staff with respiratory illness (using definition above):				
Date of first symptom onset in a staff member with respiratory di	sease:			
Number of staff tested for COVID-19:	Number of staff positive for COVID-19:			
Number of staff tested for influenza:	Number of staff positive for influenza:			
Number of staff tested for RSV:	Number of staff positive for RSV:			
Number of staff tested for other viral pathogens (e.g., with repiratory panels or other testing)	Number of staff with other respiratory pathogens identified (use comment box below to describe pathogens identified):			
If specimens have been sent for COVID-19 testing, which laboratories are performing testing?				
☐ CDPHE ☐ Trident/Schryver ☐ Quest ☐	LabCorp Other:			
Number of staff hospitalized (if known):				
List hospitals where patients have been transferred:				
Comments (provide any other information about regarding staff illness)				
Date of symptom onset/detection for the first case of COVID-19 during the outbreak:				
Status of outbreak (see definitions above; check only one):	pected COVID-19 outbreak			
Comments:				

Contact your local public health department or the Colorado Department of Public Health and Environment with questions about COVID-19.

To report a suspect or confirmed outbreak in a long-term care facility, complete this form and send it to your **local** health department or CDPHE via secure email to CDPHE\_HAIOutbreak@state.co.us.

A list of LPHAs can be found here: https://www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency

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