



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 disease:

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 respiratory 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 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): Suspected COVID-19 outbreak Confirmed 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>