

Respiratory Outbreak Survey

1. **Date of contact:** ___ / ___ / _____

2. **Contact person:** Name: _____
 Affiliation: _____
 Phone: _____
 E-mail: _____

3. **Site of Outbreak:** City: _____ County: _____
 State: _____ Country: _____

4. **Outbreak setting:** *(Circle all that apply)*
Community Institution Military Other: _____

5. **Persons Ill:**
Number of cases: _____
Hospitalizations: _____
Deaths: _____
Date first person became ill: ___/___/_____
Date most recent person became ill: ___/___/_____
Ages: *(Circle all that apply)* Children Adults Elderly
High risk population (e.g. HIV+, transplant patients): _____

6. **Denominator Data:** *(If available)*
Total persons within outbreak setting: _____

7. **Clinical Presentation:** *(Predominant syndrome, signs & symptoms)*

8. **Radiographic Findings:** *(Chest x-rays performed, predominant findings)*

9. **Diagnostic Laboratory Testing:** *(Pending and completed, available specimens)*

10. **Differential diagnosis:** *(Specific pathogen suspected, others considered)*

11. **Notes:**

