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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New Jersey Department of Health **Communicable Disease Service**  **PO 369**  **Trenton, NJ 08625-0369** INVESTIGATION/OUTBREAK INTAKE RECORD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | E - \_\_\_\_\_\_-\_\_\_\_\_\_  Date Reported to LHD: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Date Reported to NJDOH: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | | | | | | | | |
| *The intended use of this form is to assist disease investigators in collecting initial information from individuals calling to report outbreaks or other significant public health events. The intake record can be used to assist investigators to get important information on the initial phone call. This information can then be conveyed to NJDOH. Please remember that outbreaks and immediately reportable conditions defined by NJAC 8:57 should be reported via telephone when the report is received. Fax or email is not an acceptable mechanism to report these events.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REPORTED BY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Health Department  IP  School Nurse  LTC  Physician  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |
| Organization Name: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Contact Person: | | | | | | | |  | | | | | | | | | | | | | | | | | | | Phone #: | | | | | | | **-     -** | | | | | | | | | | Fax #: | | | | **-     -** | |  |
| City: |  | | | | | | | | | | | | | | | | | | | | County: | | | | |  | | | | | | | | | | | | | Email: | | |  | | | | | | | |  |
| Jurisdiction: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EVENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gastrointestinal Illness | | | | | | | | | | | | | | Describe Situation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respiratory | | | | | | | | | | | | | |
| Rash | | | | | | | | | | | | | |
| Other: | | | | |  | | | | | | | |  |
|  | | | | | | | | | | | | | |
| Associated Location: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Location:  School/University  Daycare  LTC  Acute Care Facility  Restaurant  Correctional Facility  Other: **\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Street Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| City: |  | | | | | | | | | | | | | | | | | | | Zip: | | |  | | | | | | County: | | | | | |  | | | | | | | | |  | |
| Contact: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
| Phone #: | | | | **-     -** | | | | | | | | | | | Fax #: | | | | **-     -** | | | | | | | | | Email: | | | | |  | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SYMPTOMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **LABORATORY INFORMATION** | | | | | | | | | | | | | |
| Common Symptoms | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Requested Labs: | | | | | | | |  | | | | |  |
| Date of Symptom Onset: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Laboratory Sent to: | | | | | | | | |  | | | |  |
| First Onset Date: | | | | | | | | | **/****/** | | | | | | | |  | Most Recent Onset Date: | | | | | | | | | | | **/  /** | | | | | | |  | Date of Test: | | | | |  | | | | | | | |  |
| Duration of Symptoms: | | | | | | | | | | | |  | | | | |  | Incubation Period (if known): | | | | | | | | | | | | |  | | | | |  | # Specimens: | | | | | |  | | | | | | |  |
| # Total Population: | | | | | | | | | |  | | | | | | |  | # Ill Population: | | | | | | |  | | | | | | | | | | |  | Type of Specimen: | | | | | | | | |  | | | |  |
| # Staff: | | |  | | | | | | | | | | | | | |  | # Ill Staff: | | | | | |  | | | | | | | | | | | |  | Result: | | | |  | | | | | | | | |  |
| # Hospitalized: | | | | | | |  | | | | | | | | | |  | # Died: | | | |  | | | | | | | | | | | | | |  |  |  | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **INVESTIGATION** | | | | | | | | | | | | | | | | **CONTROL MEASURES RECOMMENDED / IMPLEMENTED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Travel History  ID close contacts/Exposed  Line List  Surveillance/ Case Finding | | | | | | | | | | | | | | | | Closure to New Admissions  Chemoprophylaxis/Vaccination  Quarantine/Isolation  Cohorting of Ill/Staff | | | | | | | | | | | | | | | | Restricted Access/Movement  Education/Inservice  Environmental Remediation  Infection Control Precautions | | | | | | | | | | | | | | | Other: **\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| Investigative Plans/Recommendations: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Agencies Involved/Notified: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |