

Submit initial report as soon as infectious disease case or cases are identified. Submit final report after the last case occurs. Scan and email to the Regional Office infectious disease email box.

(1) Report single cases of suspected or confirmed:

- Anthrax* (022.x)
- Botulism (005.1)
- Brucellosis (023.x)
- Cholera (001.x)
- Diphtheria* (032.x)
- Hantavirus (079.81)
- H. influenza (041.5)
- Hepatitis A-acute (070.x)
- Hepatitis B-acute(070.30)
- Legionellosis*(482.84)
- Leprosy (030.x)
- Malaria (084.x)
- Measles* (055.x)
- M. meningitis* (036.0)
- Mumps* (072.x)
- Pertussis* (033.x)
- Rabies (071,V01.5)
- Rubella* (056.x)
- Salmonellosis (003.x)
- Shigellosis (004.9)
- Toxic shock synd. (040.82)
- Trichinosis (124)
- Typhoid fever (002.x)
- Varicella (chickenpox) (052.x)

(2) Report multiple cases of suspected or confirmed infectious diseases (e.g., influenza, URIs, gastroenteritis, catheter infections, cultures with common pathogen, scabies, etc.) if they meet any of the following criteria:

- Two or more epidemiologically linked cases of clostridium difficile, MRSA, or syphilis
- Serious illness or hospitalization *
- Foodborne illness suspected *
- Institutional operations affected
- Health department involved in the investigation
- Unusual number of cases
- Cases occurring over prolonged period
- Possible media attention *

* Immediately report the occurrence of these problems by telephone to the Regional IOP Coordinator, Regional Medical Director, or Regional Health Services Administrator. If they are unavailable, call the Central Office Infection Control Program.

REPORTING INFORMATION

BOP Facility: _____ BOP Staff Contact: _____ Phone: _____ Email: _____

Reported to Health Department? No Yes Health Department: _____ Date: ___/___/___

INITIAL REPORT – Date Submitted: ___/___/___ FINAL REPORT – Date Submitted: ___/___/___

(1) Single case of: _____ (2) Multiple cases of: _____

Pathogen confirmed? No Yes (specify): _____ Laboratory: _____

Number of inmates ill: _____ Number hospitalized: _____ Number of staff ill: _____ Number hospitalized: _____

Initial Inmate Cases (maintain complete line list at facility):

Last Name	Registration #	Date of Onset	Symptoms

Comments: _____

Control Measures Implemented: None indicated

- Isolate/cohort ill
- Employee memo
- Visitor notice
- Promote resp. etiquette
- Quarantine contacts
- Inmate town halls
- Promote hand hygiene
- Hold movement out
- Employee recall
- Inmate memo
- Promote disinfection
- Hold movement in

FINAL REPORT (submit after the last of multiple infectious disease cases has occurred)

Inmates: Total ill: _____ Total hospitalized: _____ Total lab-confirmed: _____ Total clinical symptoms only: _____

Staff: Total ill: _____ Total hospitalized: _____

Date of last case: ___/___/___

Comments: _____

Regional Office Use Only