

INFECTIOUS DISEASE OUTBREAK RECORD

| Facility | State | County | Date |
|--|-------|---|------|
| A. Report any single case of the following: | | | |
| <input type="checkbox"/> Anthrax | | <input type="checkbox"/> Meningococcal disease (invasive) | |
| <input type="checkbox"/> Botulism | | <input type="checkbox"/> Mumps | |
| <input type="checkbox"/> Brucellosis | | <input type="checkbox"/> Pertussis | |
| <input type="checkbox"/> Cholera | | <input type="checkbox"/> Rabies | |
| <input type="checkbox"/> Diphtheria | | <input type="checkbox"/> Rubella (German measles) | |
| <input type="checkbox"/> Hantavirus infection | | <input type="checkbox"/> Salmonellosis | |
| <input type="checkbox"/> Hemophilus influ. type B(invasive) | | <input type="checkbox"/> Shigellosis | |
| <input type="checkbox"/> Hepatitis a - acute (IgM+) only | | <input type="checkbox"/> Tetanus | |
| <input type="checkbox"/> Legionellosis | | <input type="checkbox"/> Toxic shock syndrome | |
| <input type="checkbox"/> Leprosy | | <input type="checkbox"/> Trichinosis | |
| <input type="checkbox"/> Malaria | | <input type="checkbox"/> Typhoid Fever | |
| <input type="checkbox"/> Measles | | | |
| B. Report any outbreaks of the following (2 or more epidemiologically linked cases) | | | |
| <input type="checkbox"/> Clostridium difficile | | <input type="checkbox"/> Syphilis (primary or secondary) | |
| <input type="checkbox"/> Varicella (chicken pox) | | <input type="checkbox"/> Staphy lococcal | |
| C. Report on any suspected or confirmed infectious disease outbreak (e.g. influenza, gastroenteritis of unknown etiology, foodborne outbreak, multiple prosthetic/catheter infections, multiple bacteremias/cultures with common pathogen, ectoparasites etc.) | | | |
| Disease/organism: | | | |
| Index Case: Name | REG#: | Date of Dx: | |
| Infection control officer: | | Tele: | |
| BOP treating physician: | | Tele: | |
| Laboratory: | | Tele: | |
| Comments: | | | |

* For cases of active/suspected tuberculosis use Federal BOP Tuberculosis Case/Suspect Report Form Please Fax to BOP HSD: 202-305-0862

(This form may be replicated via WP)