## **COVID-19 DAILY OUTBREAK REPORT FORM**

## **OUTBREAK INFORMATION**

COUNTY	LHD INVESTIGATOR	DATE OB REPORTED		OB NUMBER		MDH INVESTIGATOR	
FACILITY NAME		FACILITY A	DDRESS				
FACILITY PHONE	FACILITY CONTACT	TYPE OF FACILITY	<ul> <li>☐ Assisted Living</li> <li>☐ Child care</li> </ul>		☐ Group Home ☐ Hospital	University/College Workplace	
ONSET DATE OF FIRST POSITIVE CASE	COLLECTION DATE OF FIRST POSITIVE CASE		Correctior Facility	al Dursing home		□ Other:	

## **UPDATE AS NEEDED**

GENERAL INFORMATION			VACCINATION TRACKING					
DATE UPDATED	# RESID	ENTS	# STAFF	RESIDENTS:	# ONE DOSE	% ONE DOSE	# TWO DOSES	% TWO DOSES
ONSET DATE OF POSITIVE CASE	LAST		CTION DATE OF DSITIVE CASE	STAFF:	# ONE DOSE	% ONE DOSE	# TWO DOSES	% TWO DOSES

## DAILY COUNTS

Counts are numbers of <i>people</i> not numbers of <i>tests</i> .	Date					
Total # III (# ever had symptoms regardless of testing)						
• # residents ill						
• # staff ill						
Total # COVID-19 positive cases (# of individuals who						
ever tested positive. Exclude those admitted to the facility already positive for COVID)						
• # residents ever positive						
• # staff ever positive						
<b>Total # Negatives</b> (# of people who have tested negative at least once and never positive)						
• # residents with only negative tests						
# staff with only negative tests						
Total # Pending (# with tests pending)						
• # residents with pending tests						
<ul> <li># staff with pending tests</li> </ul>						
<b>Total # COVID-19 cases ever hospitalized</b> (# people who ever tested positive and were ever hospitalized)						
• # residents positive and ever hospitalized						
<ul> <li># staff positive and ever hospitalized</li> </ul>						
<b>Total # deaths in COVID positive cases</b> (# deceased who ever tested positive)						
• # residents deceased and positive						
# staff deceased and positive						