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:**

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