



To report a confirmed outbreak of COVID-19, complete this form and send it via secure email to your local public health agency, or to the Colorado Department of Public Health and Environment ([cdphe\\_covid\\_outbreak@state.co.us](mailto:cdphe_covid_outbreak@state.co.us))

Unsure of which local public health agency is yours? A list can be found at <https://www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency>

### Confirmed outbreak criteria:

There are two or more individuals\* who have tested positive (by a molecular test like PCR, **NOT** a serology test) for COVID-19,

**OR**

One positive **AND** two or more probable\*\* cases within a 14-day period in your facility, business or other non-household group.

**\*Note:** For correctional facilities, the two or more confirmed individuals **OR** the one confirmed and two probable individuals must be residents/inmates/detainees, not staff. For more information on outbreak definitions specific to certain settings including residential healthcare settings (e.g., long-term care, assisted living facilities, and independent living facilities/senior communities that offer healthcare), non-residential healthcare, schools and correctional settings, please visit:

<https://docs.google.com/document/d/1e-IWLtzJNCgl2gzPONGvEASGgse85WuBmcToc9ev-74/edit>

**\*\*Note:** For probable case definition, please visit <https://docs.google.com/document/d/1e-IWLtzJNCgl2gzPONGvEASGgse85WuBmcToc9ev-74/edit>

### When will the outbreak be considered “over”?

- Outbreak resolution is defined as 28 days after the onset of symptoms of the last case
- For a residential health care setting to resolve, weekly testing must continue until no new cases of COVID-19 infection are identified for a period of at least 14 days since the most recent positive result. Testing must be conducted in accordance with state requirements (<https://docs.google.com/document/d/1HRriYxHmqP9RpYTx9jk2qZFocvTkXvsqgmJ38NgYQxY/edit>).

When your facility or business meets this criteria, complete this form and select the “final report” box below. Once CDPHE has received this form and uploaded it into the outbreak tracking system, the outbreak will be designated “Resolved” on the CDPHE website. Contact your local public health agency or CDPHE with questions or for assistance.



<b>Initial Report</b>	
Date of Report:	State-assigned Outbreak #:
Status of outbreak (see definitions on p.1; check only one): <input type="checkbox"/> Suspected COVID-19 outbreak <input type="checkbox"/> Confirmed COVID-19 outbreak	

<b>Final Report</b>	
What method was used to resolve the outbreak?	<input type="checkbox"/> Test-based* <input type="checkbox"/> Non-test-based
*If test-based: Date of first round of testing:	*Date of second round of testing:
What is the onset or test date of the last case?	<input type="checkbox"/> Outbreak Closed

Facility or Business Information	
Facility name:	Type of facility (check only one):
Address:	<input type="checkbox"/> Skilled nursing <input type="checkbox"/> Assisted living <input type="checkbox"/> Combined care
City: Zip:	<input type="checkbox"/> Workplace <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Childcare/School
County:	<input type="checkbox"/> Other:
Phone: Email:	Facility contact:
	Title:
Did the facility (workplace, school, event, etc.) close for one day or more? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Date illnesses were determined to be an outbreak:	

**Businesses, etc:** please fill out section B for staff and section A for patrons. **Schools:** please fill out sections A, B and C.

Outbreak Information	
A. Residents/Attendees/Students (people who are not staff at the facility, business or school)	
Number of residents/attendees/students in facility (census):	
Number of confirmed resident/attendee/student cases when the outbreak was reported:	Number of probable resident/attendee/student cases when the outbreak was reported:
Number of residents/attendees/students with respiratory illness (using clinical criteria outlined above):	Date first resident/attendee/student became ill with respiratory symptoms:
Lab Testing	
Number of residents/attendees/students tested for COVID-19:	Number of residents/attendees/student who tested positive for COVID-19 (by a molecular test like PCR, not a serology test):
Date first COVID-19 positive resident/attendee/student became ill:	Number of residents/attendees/students who have probable COVID-19 (not tested/test pending/positive serology test/negative test without alternate diagnosis):



Where were specimens sent for COVID-19 testing (if applicable)?	
<input type="checkbox"/> CDPHE <input type="checkbox"/> Trident/Schryver <input type="checkbox"/> LabCorp <input type="checkbox"/> Quest <input type="checkbox"/> Other:	
Number of residents/attendees/students tested for influenza:	Number of residents/attendees/students who tested positive for influenza:
Number of residents/attendees/students tested for RSV:	Number of residents/attendees/students who tested positive for RSV:
Number of residents/attendees/students tested for another respiratory illness (e.g., with respiratory panels or other testing):	Number of residents/attendees/students who tested positive for another respiratory illness:
What other illnesses were identified (if applicable)?	
<b>Outcomes</b>	
Number of hospitalized residents/attendees who tested positive for COVID-19 (using a molecular/PCR test):	Number of hospitalized residents/attendees with probable COVID-19 (not tested/test pending/positive serology test/negative test without alternate diagnosis):
List hospitals where residents have been transferred:	
Number of deaths among residents/attendees who have tested positive for COVID-19 (using a molecular/PCR test):	Number of deaths among residents/attendees with probable COVID-19 (not tested/test pending/positive serology test/negative test without alternate diagnosis):
Comments (provide any other information regarding resident/attendee illness):	
<b>B. Staff (employees at facility or business)</b>	
Number of staff/employees that work at the facility or business:	
Number of confirmed staff/employee cases when the outbreak was reported:	Number of probable staff/employee cases when the outbreak was reported:
Number of staff/employees with respiratory illness (using clinical criteria outlined above):	Date first staff member or employee became ill with respiratory symptoms:
<b>Lab Testing</b>	
Number of staff/employees tested for COVID-19:	Number of staff who tested positive for COVID-19 (by a molecular test like PCR, not a serology test):
Date first COVID-19 positive staff member/employee became ill:	Number of staff/employees who have probable COVID-19 (not tested/test pending/positive serology test/negative test without alternate diagnosis):
Where were specimens sent for COVID-19 testing (if applicable)?	
<input type="checkbox"/> CDPHE <input type="checkbox"/> Trident/Schryver <input type="checkbox"/> LabCorp <input type="checkbox"/> Quest <input type="checkbox"/> Other:	



Number of staff/employees tested for influenza:	Number of staff/employees who tested positive for influenza:
Number of staff/employees tested for RSV:	Number of staff/employees who tested positive for RSV:
Number of staff/employees tested for another respiratory illness (e.g., with respiratory panels or other testing):	Number of staff/employees who tested positive for another respiratory illness:
What other illnesses were identified (if applicable)?	

**Outcomes**

Number of hospitalized staff/employees who tested positive for COVID-19 (using a molecular/PCR test):	Number of hospitalized staff/employees with probable COVID-19 (not tested/test pending/positive serology test/negative test without alternate diagnosis):
List hospitals where staff have been transferred:	
Number of deaths among staff/employees who have tested positive for COVID-19 (using a molecular/PCR test):	Number of deaths among staff/employees with probable COVID-19 (not tested/test pending/positive serology test/negative test without alternate diagnosis):

Comments (provide any other information regarding staff/employee illness):

**C. Additional School Information**

Is the school cohorting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of students in cohort:
Describe cohorting:	
Grade levels involved in the outbreak:	
First case was: <input type="checkbox"/> Student <input type="checkbox"/> Teacher/Staff	
Number of cohorts/classrooms meeting class/cohort outbreak definition at first report:	
Number of cohorts/classrooms meeting class/cohort outbreak definition at final report:	

**Reporter Information**

Person reporting:	Agency:
Agency address:	Agency phone: