Tool for Surveillance Among Facilities Housing Hurricane Katrina Evacuees

SUBMIT THIS FORM DAILY BY FAX TO 770-488-7107 OR BY EMAIL TO EOCANALYSIS@CDC.GOV

If unable to fax or email, or to report unusual disease occurrences, please call 770-488-7100.

Facility name: _____ Phone:_____-_____-_____ Fax:_____-_____-_____

Email:_____ Reported by: _____

CURRENT FACILITY CENSUS: TOTAL: _____ AGE: ≤2 y _____ >65 y: _____

RACE: White _____ Black: _____ Am Ind: _____ Asian: ____ Other: _____ HISPANIC ETHNICITY: _____

24 hour reporting period: Date: ___ /___/____ Time _____am pm **TO** ___/ ___/____ Time_____am pm

INSTRUCTIONS: You may count a person more than once BUT be as specific as possible. ***For example, if you suspect measles, classify as such, otherwise classify as rash illness; OR if person has more than one GI symptom, select the most severe.***

Syndrome Category	# patients with condition
Epidemic Disease Potential	
Fever >100.4° F (38° C) ALONE without localizing signs/ symptoms.	___ ___ ___
Gastrointestinal Illness	___ ___ ___
Watery Diarrhea (3 or more watery bowel movements per day) AND vomiting	___ ___ ___
Watery Diarrhea with NO vomiting	___ ___ ___
Bloody Diarrhea, +/- vomiting	___ ___ ___
Respiratory illness	___ ___ ___
Upper respiratory or influenza-like illness (fever + either cough or sore throat)	___ ___ ___
Tuberculosis, suspected	___ ___ ___
Pertussis, suspected (whooping cough; chronic cough ≥ 2 weeks)	___ ___ ___
Lower respiratory tract illness (pneumonia; bronchiolitis/wheezing)	___ ___ ___
Viral hepatitis, suspected (jaundice, +/- fever)	___ ___ ___
Neurologic illness	___ ___ ___
Meningitis/encephalitis, suspected (fever, stiff neck, headache, mental status change)	___ ___ ___
Wound infections	___ ___ ___
Conjunctivitis (red eyes, ocular discharge)	___ ___ ___
Rash Illness	___ ___ ___
Suspect chickenpox (vesicular rash)	___ ___ ___
Suspect measles/rubella (maculopapular rash)	___ ___ ___
Scabies	___ ___ ___
Lice	___ ___ ___
Other Illness (*please specify*): _____	___ ___ ___
Mental Health / Psychological Problems	
Mental Health	___ ___ ___
Anxiety / Depression / Insomnia	___ ___ ___
Substance abuse / withdrawal	___ ___ ___
Disorientation / Confusion	___ ___ ___
Acute psychosis / Suicidal or Homicidal	___ ___ ___
Violent behavior	___ ___ ___
Injury / Chronic Disease / Other	
Injury	___ ___ ___
Self-inflicted injury – Intentional (violence)	___ ___ ___
Assault-related injury – Intentional (violence)	___ ___ ___
Unintentional injury (accidents)	___ ___ ___
Heat related injury (not dehydration)	___ ___ ___
Diabetes Mellitus	___ ___ ___
Asthma / COPD	___ ___ ___
High Blood Pressure and other Cardiovascular Diseases	___ ___ ___
Dehydration	___ ___ ___

Are you concerned about a possible outbreak? (*Please describe*): _____

Total number of patients treated in past 24 hour period: _____ **Total number of deaths during past 24 hours:** _____

Do you need assistance with, or additional resources for any of the following:

	Yes	No		Yes	No
Physician staffing	☐	☐	Nursing staffing	☐	☐
Pharmacist staffing	☐	☐	Mental Health staffing	☐	☐
Sanitation/Environmental health	☐	☐	Medications/Drugs/Pharmacy supply	☐	☐