

Maryland Department of Health (MDH) -- Infectious Disease Epidemiology and Outbreak Response Bureau
Division of Outbreak Investigation
Local Health Department (LHD) Outbreak Summary Report: COVID-19 caused by SARS-CoV-2

Enter data for each variable highlighted in blue

For fields marked with a number, see corresponding footnote for further explanation

GENERAL INFORMATION					
MDH Outbreak #	2023-0707	Date outbreak closed			
Facility Name	Coffman Nursing Home	County	Washington		
Facility Type	Nursing Home	If Other type, please specify:			
Is this an ammended report? ¹		If yes, Version #			
I. INTRODUCTION					
DATE OUTBREAK REPORTED	REPORTER	REPORTER'S PHONE NUMBER	MAIN CONTACT	MAIN CONTACT'S PHONE NUMBER	
Facility to LHD ²	Facilty Reporter	Phone #	Facility Contact	Phone #	
	Sandra Hendricks	301-733-2914	sandra hendricks	301-733-2914	
LHD to MDH ³	LHD Reporter	Phone #	LHD Contact	Phone #	
MDH Epidemiologist Receiving Report		Phone #			
Main MDH Contact	Lori Rubeck	Phone #	301-573-2447		
If a Nursing Home, Name of Infection Preventionist (IP): ⁴	Sandra Hendricks	Has IP taken a training course? ⁵	Yes	Phone # ⁶	301-733-2914 ext 115
II. BACKGROUND					
	NON-EMPLOYEES	EMPLOYEES	TOTAL		
Total number at the facility at the beginning of the outbreak		1	1		
If the outbreak was only on one unit, number on that unit at the beginning of the outbreak					
III. CLINICAL RESULTS					
For this section, do not count individuals admitted to the facility already positive for COVID. Counts are numbers of <u>people</u> not numbers of <u>tests</u>.	NON-EMPLOYEES	EMPLOYEES	TOTAL		
# of COVID positive cases All individuals who ever tested positive for COVID. Exclude those admitted to the facility already positive for with COVID.	0	1	1		
# of symptomatic COVID positive cases (counted as ill on daily report) Individuals tested because they exhibited symptoms of COVID such as cough, fever, sore throat, etc.	0	0	0		
# of asymptomatic COVID positive cases Individuals tested without exhibiting any symptoms of COVID, including during point prevalence or "universal" testing.	0	1	1		
# of COVID negative individuals All individuals who were tested for COVID and tested negative at least once and never tested positive.	0	0	0		

These fields will auto-populate as staff and resident line lists are completed.

# of symptomatic COVID negative individuals (counted as ill on daily report) Individuals tested because they exhibited symptoms of COVID such as cough, fever, sore throat, etc.	0	0	0		
# of asymptomatic COVID negative individuals Individuals tested without exhibiting any symptoms of COVID, including during point prevalence or "universal" testing.	0	0	0		
# of COVID positive cases ever admitted to the hospital Only those individuals with positive COVID tests who were admitted to the hospital, excluding emergency room only visits	0	0	0		
# of deaths in COVID positive cases Exclude if COVID has been determined by a physician to NOT be a cause or factor leading to the death.	0	0	0		
Earliest symptom onset date of a confirmed COVID case If the first case was asymptomatic, enter the first positive test date.	N/A	2/26/2023	2/26/2023		
Latest symptom onset date of a confirmed COVID case If the last case was asymptomatic, enter the first positive test date of that person.	N/A	2/26/2023	2/26/2023		
IV. ADDITIONAL LABORATORY RESULTS					
TEST	RESIDENT # COLLECTED	RESIDENT # POSITIVE	STAFF # COLLECTED	STAFF # POSITIVE	AGENT(S) IDENTIFIED
BioFire or other respiratory viral panel PCR test					
PCR test for influenza					
Rapid influenza test					
Other					
V. OTHER INFORMATION					
Was a site visit done?					
Site Visits	MDH Go Team/ National Guard		Other		
	LDH in-person or virtual visit		If other, specify:		
	MDH IP Site Visit				
	Tele-ICAR				
Were staffing sources used?					
Staffing Sources	Chesapeake Registry		Other		
	National Guard Bridge Team		If other, specify:		
	Staffing Agency				
Comments:					

FURTHER INSTRUCTIONS:

1. If a report has been submitted for this outbreak before, check Yes. Indicate how many times the report has been submitted (for example, if you have submitted it once before, because the outbreak closed and has been reopened, you would indicate that this is #2).
2. This is the date the facility first reported the outbreak to the local health department.
3. This is the date the local health department first reported the outbreak to the Maryland Department of Health. If the outbreak reopens, use the
4. Required for nursing home outbreaks only, though if another type of facility has an IP, this field can be completed.
5. Required for nursing home outbreaks only. This includes MDH/Beacon training or APIC training.
6. Required for nursing home outbreaks only, though if another type of facility has an IP, this field can be completed.