Infectious Disease Outbreak Communication Report

рате от кероп:	
Reported By (Name, Organization):	
Contact Information:	
Location of Outbreak:	
Education of Outbreak.	
Summary of Outbreak	
Suffilliary of Subjeak	
D-4-11-	
Details	
Disease/Pathogen	
Number of Cases	
Number of Deaths	
Date of First Case	
Date of Most Recent Case	
Date of most recent case	
Clinical Foatures & Symptoms	
Clinical Features & Symptoms	
Control Measures Implemented	

Communication and Public Information

Additional	Notes / /	Actions N	eeded		