Fax completed forms to DOH Communicable Disease Epi Fax: 206-418-5515

Outbreak Reporting Form - Influenza-like Illness

Local health jurisdiction (LHJ) ___________________________
Contact person ______________________________________
Initial LHJ notification date & time ___/___/______ am/pm
Investigation start date & time ___/___/______ am/pm
Investigation completion date ___/___/______

Fever >100° F O Chills O Myalgia O Pneumonia (x-ray diagnosed)
Cough O Sore throat O Headache O Other ___________________________

Total # symptomatic residents
Total # residents in facility
Resident attack rate (ill / total)
Total # symptomatic staff
Total # staff in facility
Staff attack rate (ill / total)
# ill staff providing direct patient care
Date first case became ill: ___/___/______
Date last case became ill: ___/___/______

Any flu testing? Yes O No
If yes: # tested _____ # pos _____ Type of flu: A _______ B
Other lab results ___________________________

Any hospitalizations? Yes O No
If yes, how many ______
Any deaths? Yes O No
If yes, how many ______

Estimated % residents vaccinated
Estimated % staff vaccinated

Interviews with infection control/administration O Cohort study
Site visit (e.g. outbreak in an institution) O Case-control study
Interviews only of ill persons O Other ___________________________

If applicable, attach further information about investigative activities and tools (e.g. epidemic curves, questionnaires, case definitions)

PUBLIC HEALTH ACTIONS TAKEN (check all that apply)

Yes O No Date: ___/___/______
Discussed “Checklist for Controlling Influenza in LTCF”

Yes O No Date: ___/___/______
Faxed written materials to LTCF administrator (Line List, Checklist, CDC guidance)

Yes O No Date: ___/___/______
Recommended PEP

Yes O No Date: ___/___/______
Other ___________________________

DISCUSSION / CONCLUSION / NOTES