

Fax completed forms to DOH Communicable Disease Epi

Fax: 206-364-1060

| Date of initial n | otification to DOH: | LHJ Cluster #: | |
|-------------------|------------------------------------|-----------------|--|
| Date report ser | nt to DOH: / / | | |
| Form Status: | ☐ Preliminary report☐ Final report | DOH outbreak #: | |

Outbreak Reporting Form - Influenza-like Illness

| LHJ INFORMATION | REPORTING F | REPORTING FACILITY INFORMATION | | | | |
|--|-----------------------------------|--------------------------------------|--|--------------------------------|--|--|
| Local health jurisdiction (LHJ) | Facility Name | | | | | |
| Contact person | Facility Address | | | | | |
| Initial LHJ notification date // / | Facility CityFacility Type | | | | | |
| Investigation start date / / | Person reporting | | | | | |
| Investigation completion date / / | | | | | | |
| | | Title | | | | |
| CASE INFORMATION | | | | | | |
| Total # symptomatic residents Total # reside | | dents in facility | ts in facility Date first case became ill: / / | | | |
| Total # symptomatic staff | Total # staff | Total # staff in facility | | Date last case became ill: / / | | |
| LABORATORY, HOSPITALIZATIONS, DEATHS | | | | | | |
| Any flu testing? | sted # pos | ed # pos Type of flu: | | | | |
| Type(s) of flu testing performed | | | | | | |
| Any COVID-19 testing? | ted # pos | COVID-19 outbreaks in Long-term care | | | | |
| Types(s) of COVID-19 testing performed | facilities are reportable to DOH. | | | | | |
| RSV Yes No Human metapneur | movirus 🗌 Yes 🗌 | No Other: | | _ | | |
| Any hospitalizations? | | | | | | |
| Any deaths? | | | | | | |
| PUBLIC HEALTH ACTIONS TAKEN (check all that apply) | | | | | | |
| Discussed "Checklist for Controlling Influenza in LTCF" Faxed written materials to LTCF administrator (Line List, Checklist, CDC guidance) Recommended PEP (influenza only) Implemented PEP (influenza only) Other Request for DOH assistance Request for DOH ICAR Consultative Infection Prevention visit | | | | | | |
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To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.