



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

Date of initial notification to DOH:

___/___/___

Date report sent to DOH: ___/___/___

Form Status: Preliminary report
 Final report

LHJ Cluster #: _____

LHJ Cluster Name: _____

DOH outbreak #: _____

Outbreak Reporting Form - Influenza-like Illness

LHJ INFORMATION

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

REPORTING FACILITY INFORMATION

Facility Name _____
 Facility Address _____
 Person reporting _____
 Title _____
 Phone (____) ____ - _____

SYMPTOMS (check all that apply)

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

CASE INFORMATION

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: ___/___/___	

LABORATORY, HOSPITALIZATIONS, DEATHS

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

Any hospitalizations? Yes No If yes, how many _____

Any deaths? Yes No If yes, how many _____

INFLUENZA VACCINATION INFORMATION

Estimated % residents vaccinated _____
 Estimated % staff vaccinated _____

PNEUMOCOCCAL VACCINATION INFORMATION

Estimated % residents vaccinated _____

INVESTIGATION METHODS (check all that apply)

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

<input type="checkbox"/> Discussed "Checklist for Controlling Influenza in LTCF"	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___
<input type="checkbox"/> Faxed written materials to LTCF administrator (Line List, Checklist, CDC guidance)	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___
<input type="checkbox"/> Recommended PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___
<input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___

DISCUSSION / CONCLUSION / NOTES
