Fax completed forms to DOH Communicable Disease Epi Fax: 206-364-1060

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
Any COVID-19 testing? ☐ Yes ☐ No If yes: # tested____ # pos____
RSV ☐ Yes ☐ No Human metapneumovirus ☐ Yes ☐ No Other: __________
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
☐ Site visit (e.g. outbreak in an institution)
☐ Interviews only of ill persons
☐ Cohort study
☐ Case-control study
☐ 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)
☐ 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 ___________________________
Yes ☐ No Date: ___/___/_____

DISCUSSION / CONCLUSION / NOTES

Last revised 3/19/2020 DOH 420-031