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

Date of initial notification to DOH: ___/___/_____

Date report sent to DOH: ___/___/_____

Form Status: ☐ Preliminary report
☐ Final report

LHJ Cluster #: __________
LHJ Cluster Name: ______________________

DOH outbreak #: ________

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Local health jurisdiction (LHJ) ___________________________

Contact person ______________________________________

Initial LHJ notification date & time ___/___/___    _____ am/pm

Investigation start date & time ___/___/___     ________ am/pm

Investigation completion date ___/___/___

Facility Name ___________________________
Facility Address _______________________________________
Person reporting ___________________________
Title ___________________________
Phone (_____) _____- ________

SYMPTOMS (check all that apply)
☐ Fever >100° F    ☐ Chills
☐ Cough    ☐ Sore throat
☐ Myalgia    ☐ Pneumonia (x-ray diagnosed)
☐ 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

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 ___________________________

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
☐ Implemented PEP
☐ Other ___________________________

☐ Yes   ☐ No Date: ___/___/_____

☐ Yes   ☐ No Date: ___/___/_____

☐ Yes   ☐ No Date: ___/___/_____

☐ Yes   ☐ No Date: ___/___/_____

DISCUSSION / CONCLUSION / NOTES

FOR WA DOH USE ONLY

☐ PHL Support    ☐ DOH Support    ☐ DOH HAI Support

If yes, specify: