West Virginia Bureau for Public Health
Department of Health & Human Resources
Your Health Your Safety Our Purpose

Influenza-Like Illness Line List: Nursing Homes/Long Term Care Facilities

Facility Name_____ Point of Contact: _____ Local Health Dept: _____

Instructions: Fill in a single row for each ill individual to collect important variables, mark yes (Y) or no (N) in the row to capture sub criteria symptoms. Information collected from the line list can be used to determine if individuals meet case definition for influenza-like illness.

Name	DOB	Sex	Location	Onset Date	Highest Temp	Sub-Criteria						Lab(s)	Vaccine Status	Hospitalized
						Chills	New Headache or Eye Pain	Myalgias or Body Aches	Malaise or Loss of Appetite	Sore Throat	New or Increased Dry Cough			

Case Definition of Influenza-like illness: (both criteria 1 and 2 must be present)

1. **Fever: either (a) a single oral temperature greater than 37.8°C (100°F) or (b) repeated oral temperatures greater than 37.2°(99°F) or rectal temperatures greater than 37.5°C (99.5°F) or (c) a single temperature greater than 1.1°C (2°F) over baseline from any site.**
2. **At least three of the influenza-like illness sub criteria symptoms.**