

Use this report form for suspected or confirmed influenza outbreaks only



West Virginia Bureau for Public Health Outbreak Report for Suspected or Confirmed Influenza in Long Term Care Facilities

Instructions: For Local Health Departments/Regional Epidemiologists. Please complete this report form for all influenza outbreaks reported in long term care facilities. Be sure to fill in all fields to ensure completeness of the report. Reports should be submitted within 30 days from closing the outbreak. Completing this report will meet Threat Preparedness grant requirements and reporting elements needed for evaluation of how influenza outbreaks are investigated throughout WV. Once you have completed this form please fax it to the Division of Infectious Disease Epidemiology (DIDE) at 304-558-8736.

Outbreak number (from DIDE): _____ Region: _____
Contact information for person who first notified health department about the outbreak:
Reported By: _____ Affiliation: _____ Date Reported: _____
Person Contacted: _____ Affiliation: _____
Date investigation initiated by the agency: _____
Name(s) Report Prepared By: _____ Title(s): _____
County: _____ Region: _____ Telephone: _____

1. Introduction and Background

Describe the context of the outbreak at the time of the initial report:

Who→ population affected

# of Ill Residents		# of Ill Staff	
Total # of Residents		Total # of Staff	

Where→

Facility name: _____ Facility County: _____
Facility address: _____
Facility type: Long-Term Care Facility Assisted living Other, specify: _____

When→

Date of first onset: [Click here to enter a date.](#)

What→ describe clinical findings

Predominant Symptoms (check all that apply):

- Fever $\geq 100^{\circ}\text{F}$
- Cough
- Sore throat
- Chills
- Pneumonia(s)
- Positive laboratory test(s) for influenza

Objective(s) of Investigation (check all that apply):

- Control and prevention
- Reduce severity and risk to others
- Respond to community concerns
- Improve influenza surveillance
- Training opportunities
- Program considerations (specify): _____
- Other, specify: _____

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2. Methods

Probable Case Definition (check definition used for this outbreak):

- McGeer's: (both criteria 1 and 2 must be present)
1. Fever: either (a) a single oral temperature greater than 100°F or (b) repeated oral temperatures greater than 99°F or rectal temperatures greater than 99.5°F or (c) a single temperature greater than 2°F over baseline from any site.
 2. At least three of the influenza-like illness sub criteria symptoms.
- Influenza-like illness: Fever $\geq 100^\circ\text{F}$ and cough and/or sore throat in the absence of known cause other than influenza
- Physician (nurse) diagnosis

Confirmed Case Definition

- Meets probable case definition and is laboratory confirmed

Data Collection (check all that apply):

- Line list
- Facility report of cases
- Other (specify):

Assessment of Infection Control Measures (check all that apply):

- Site visit Conference call with facility Other (specify):

Control Measures:

Date facility first started implementing control recommendations:

- Antivirals administered:
- | | | |
|-------------------------|---------------------|---------------------|
| # Residents prophylaxed | # Residents treated | # Staff prophylaxed |
|-------------------------|---------------------|---------------------|
- Vaccination: # residents receiving Cohorted ill residents
- Active surveillance for respiratory illness Cohorted staff to work with ill or well
- Conducted educational in-service Closed to new admissions
- Instituted droplet precautions Limit group social and dining activities
- Restricted visitation Other, specify:

3. Results (attach any epidemic curve and/or other data analysis)

Residents		Staff	
Final Number of residents ill*:		Final Number of staff ill*:	
Number of residents vaccinated before outbreak:		Number of staff vaccinated before outbreak:	
Total number of residents at the facility:		Total number of staff at the facility:	

*Number who meets probable or confirmed case definition used for outbreak

Outbreak Closure Information:

Onset Date of First Case:

Onset Date of Last Case:

Does the facility have a standing order program for vaccination of residents? For antiviral use?

Number of individuals admitted to a hospital:

Number of individuals who died:

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Clinical Illness Characteristics

Predominant Symptoms (check all that apply):

- Fever $\geq 100^{\circ}\text{F}$
- Cough
- Sore throat
- Chills
- New headache or eye pain
- Myalgias or body aches
- Malaise or loss of appetite
- New or increased dry cough
- Pneumonia

Average duration of illness (specify days):

Laboratory (please attach documentation of laboratory confirmation)

# of rapid tests administered:		# of positive (specify type, if known):		Name of rapid test:	
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# of specimens tested at OLS:		# of positive:		Type of influenza by PCR:	
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# of culture positive results		Type/strain of influenza by culture:	
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Other Results:	
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4. Conclusion/Discussion: (discuss interpretation of investigation and any conclusions)

A person-to-person outbreak of _____ occurred at _____ facility that affected _____ residents/attendees and _____ staff members. Illness onsets ranged from _____ to _____. _____ cases were hospitalized and _____ deaths occurred. The average duration of illness was _____ days.

5. Recommendations:

- Provide influenza vaccine to all residents prior to the influenza season
- Encourage all healthcare workers to obtain the influenza vaccine prior to the influenza season
- Obtain standing order to enable administration of antiviral agents in the event of an influenza outbreak
- Improve timeliness of reporting to the local health department
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Additional Comments: