

## West Virginia Bureau for Public Health Outbreak Report for Acute Respiratory Illness (Non-Influenza) Outbreaks in Long-Term Care Facilities (LTCFs)

**Instructions: For Local Health Departments/Regional Epidemiologists.** Please complete this report form for all acute non-influenza respiratory outbreaks reported in long term care facilities. For complex outbreaks, a full written report is more appropriate for documentation. Consult an experienced epidemiologist for assistance. Fill in all fields to ensure completeness of the report. Reports should be submitted within 30 days from closing the outbreak. 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):**

**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

<b># of Ill Residents</b>		<b># of Ill Staff</b>	
<b>Total # of Residents</b>		<b>Total # of Staff</b>	

**Where** →

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

**When** →

Date of first onset: \_\_\_\_\_

**What** → describe clinical findings

**Predominant Diagnoses (check all that apply):**

- Pneumonia
- Influenza-Like Illness
- Lower Respiratory Tract Infection
- Upper respiratory Tract Infection
- Others, Specify \_\_\_\_\_

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

- Control the outbreak
- Reduce severity and risk to others
- Respond to community concerns
- Prevent additional cases
- Other, specify: \_\_\_\_\_

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**Confidential Report- Distribute as necessary**

**2. Methods**

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

- McGeer’s case definition worksheet that can be found at <http://www.dhhr.wv.gov/oeps/disease/ob/documents/toolkits/acute-respiratory-ltcf/case-class-acute-ri-ltcf.pdf>
- Healthcare provider diagnosis
- Other, Specify

**Confirmed Case Definition**

- Meets probable case definition and is laboratory confirmed for a specific pathogen

**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, indicate who
- Phone interview of the Infection Preventionist or other staff
- Conference call with facility
- Other (specify):

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

Residents		Staff	
Total # of pneumonia cases*		Total # of pneumonia cases*	
Total # of ILI cases		Total # of ILI cases	
Total # of LRTI cases*		Total # of LRTI cases*	
Total # of URTI cases*		Total # of URTI cases*	

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

**Laboratory and Radiographic Work Up**

Test	Number Tested	Results (number positive)*	
OLS PCR			
Non-OLS viral PCR / culture			
Blood Culture			
Sputum Culture			
WBC		Mean	Median
Chest-X-ray		Total positive for Pneumonia	
Other, Specify			

\*Indicate the number of positive except for WBC indicate Mean and Median

Does the facility have a standing order for any of the following (check all that apply):

- Influenza Vaccination
- Pneumococcal Vaccination
- Antiviral Prophylaxis

**Control Measures:**

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Date facility first started implementing control recommendations: [Click here to enter a date.](#)

# Residents prophylaxed

# Residents treated

# Staff prophylaxed

Active surveillance for respiratory illness

Cohorted ill residents

Practiced respiratory hygiene/cough etiquette

Cohorted staff to work with ill or well

Instituted droplet precautions

Closed to new admissions in affected areas

Instituted contact precautions

Limited group social and dining activities

Conducted educational in-service

Limited visitation

Ill staff stayed off work until afebrile, off antipyretics, for 24 hours and improving

Other, specify:

**Additional Control Measures, if Applicable:**

Influenza Vaccine

Pneumococcal Vaccine

Other, specify:

**Outbreak Closure Information:**

Onset Date of First Case:

Onset Date of Last Case:

Number of individuals admitted to a hospital:

Number of individuals who died:

Average duration of illness (specify days):

**Limitations:** (discuss any limitations to this investigation)

**Conclusion/Discussion:** (discuss interpretation of investigation and any conclusions)

A person to person outbreak of \_\_\_\_\_ occurred at \_\_\_\_\_ that affected \_\_\_\_\_ cases/residents/attendees and \_\_\_\_\_ staff. Illness onsets ranged from \_\_\_\_\_ to \_\_\_\_\_

**Recommendations/Lessons Learned:**

Provide influenza vaccine to all residents prior to the influenza season

Provide all residents with pneumococcal vaccine

Encourage all healthcare workers to obtain the influenza vaccine prior to the influenza season

Encourage the facility to use DIDE toolkit for acute respiratory outbreaks in LTCFs

Obtain standing order for collection of NP swabs and laboratory testing of symptomatic residents

Encourage health care providers to perform appropriate testing (blood culture, sputum culture if possible, WBC and chest x-ray) for suspected pneumonia cases during an outbreak

Improve timeliness of reporting to the local health department

Use appropriate infection control measures per CDC isolation guidelines

Encourage hand hygiene and monitor healthcare worker compliance with hand hygiene recommendations

**Additional Comments:**