

LONG-TERM CARE INFLUENZA-LIKE ILLNESS OUTBREAK FOLLOW-UP REPORT

Influenza-like illness (ILI): a cough/sore throat and fever ($\geq 100^\circ$ F). Influenza is confirmed when an individual has a positive culture or PCR test for influenza and respiratory symptoms.

ILI Outbreak: suspected when three (3) or more cases of ILI are detected on a single unit during a period of 48 to 72 hours. An ILI outbreak is confirmed when at least one residents have a positive culture or PCR test for influenza.

REPORTER INFORMATION

FACILITY NAME:			
NAME OF REPORTER:		TITLE/DEGREE:	
ADDRESS:			
CITY:	STATE:	ZIP:	COUNTY:
PHONE#:		FAX#:	

FACILITY INFORMATION

Type of long-term care facility (check only one):			
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Combined Care	<input type="checkbox"/> Other
Date of Onset of Illness for First Case:		Date of Onset of Illness for Last Case:	

A. RESIDENT INFORMATION

1. a. Total number of residents in facility during outbreak: _____
- b. If your facility is divided into units or wings, provide the breakdown of residents per unit or wing. Attach additional sheets if necessary.

<u>Wing</u>	<u># of Residents</u>

2. Age range of residents (also, median if known): _____
3. Total number of residents vaccinated during the current flu season prior to outbreak: _____

B. STAFF INFORMATION

4. a. Total number of staff in facility during outbreak: _____
- b. If your facility is divided into units or wings, provide the breakdown of staff per wing/unit. Attach additional sheets if necessary.

<u>Wing</u>	<u># of Staff</u>

Any staff that work in more than one wing?

Yes No If yes, how many? _____

c. How many of these staff (*if multiple wings, please provide breakdown for each wing*):

	<u># of Staff</u>	<u>Age Range of Staff</u>	<u># Vaccinated</u>
Work directly with residents			
Have no contact with residents			

OUTBREAK INFORMATION

7. a. Were any specimens sent to a commercial laboratory for influenza rapid diagnostic testing? Yes No
- b. If yes, list the name of the laboratory performing the test: _____
- c. Can the specimens be routed to the State Lab Division (SLD)? Yes No

TREATMENT INFORMATION

8. Were antivirals used for treatment of residents (*those with ILI symptoms*) during the outbreak? Yes No
9. Were antivirals used for prophylaxis of residents (*those exposed, but without ILI symptoms*) during the outbreak? Yes No
10. Were antivirals used for treatment of staff (*those with ILI symptoms*) during the outbreak? Yes No
11. Were antivirals used for prophylaxis of staff (*those exposed, but without ILI symptoms*) during the outbreak? Yes No

ISOLATION

12. Were residents **with ILI** isolated from other residents? Yes No
13. Date first resident(s) with ILI was isolated: _____
14. Number of residents with ILI who were isolated during the outbreak: _____

QUARANTINE

12. Were residents **without ILI** quarantined from other residents? Yes No
13. Date first resident(s) was quarantined: _____
14. Number of residents who were quarantined during the outbreak: _____

COMMENTS

THANK YOU!!! PLEASE FAX TO (808) 586-4595

Please fill out the attached sheets. Thank you for your assistance with influenza surveillance in Hawai'i.
Contact the Hawaii Department of Health's Disease Investigation Branch at **(808) 586-4586** if you have any questions.