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

**Influenza-like illness (ILI):** a cough/sore throat and fever (≥100° 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.

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**REPORTER INFORMATION**

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
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</thead>
<tbody>
<tr>
<td>NAME OF REPORTER:</td>
<td>TITLE/DEGREE:</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
<td>STATE:</td>
</tr>
<tr>
<td>PHONE#:</td>
<td>FAX#:</td>
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</tbody>
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**FACILITY INFORMATION**

Type of long-term care facility (check only one):

- [ ] Skilled Nursing
- [ ] Assisted Living
- [ ] Combined Care
- [ ] Other

**Date of Onset of Illness for First Case:**  
**Date of Onset of Illness for Last Case:**

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**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.

<table>
<thead>
<tr>
<th>Wing</th>
<th># of Residents</th>
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<tbody>
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2. Age range of residents (also, median if known): __________________________

3. Total number of residents vaccinated during the current flu season prior to outbreak: __________________________

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**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.

<table>
<thead>
<tr>
<th>Wing</th>
<th># of Staff</th>
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</table>

Any staff that work in more than one wing?

- [ ] Yes   - [ ] No  
If yes, how many? _______
<table>
<thead>
<tr>
<th>Work directly with residents</th>
<th># of Staff</th>
<th>Age Range of Staff</th>
<th># Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have no contact with residents</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

**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.