

# SCHOOL INFLUENZA-LIKE ILLNESS OUTBREAK 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 rapid-antigen test for influenza and respiratory symptoms.

**School ILI Outbreak:** Suspected when absentee rate exceeds 10% for entire school OR absentee rate exceeds 20% of one grade or class. An ILI outbreak is confirmed when at least one student has a positive culture or rapid-antigen test for influenza.

SCHOOL INFORMATION			
<b>SCHOOL NAME:</b>			
<b>NAME OF REPORTER:</b>		<b>TITLE/DEGREE:</b>	
<b>ADDRESS:</b>			
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>	<b>COUNTY:</b>
<b>PHONE#:</b>		<b>FAX#:</b>	
<b>Type of school (check all that apply):</b>			
<input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> High School <input type="checkbox"/> Public <input type="checkbox"/> Private			
OUTBREAK INFORMATION			
<b>Onset of Illness for first case or date clustered absenteeism began:</b>		<b>Onset of Illness for last case or date clustered absenteeism ended:</b>	
Have students been sent home during the school day due to respiratory illness? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>			
Is your school's ILI activity <b>dispersed</b> through several grades or <b>clustered</b> to one or more class(es)/grade(s)? <b>(check one or both)</b> <span style="float: right;"><input type="checkbox"/> Dispersed</span>			
<input type="checkbox"/> Clustered			
<b>A. IF DISPERSED:</b>			
Total number of students at your school: _____			
Number of students absent on the first day absenteeism exceeded 10% for entire school: _____			
<b>B. IF CLUSTERED:</b>			
Which grade(s) or class(es): _____			
Total number of students in each grade/class: _____			
Number of students absent on the first day absenteeism exceeded 20% for each grade/class: _____			
<b>COMMENTS:</b>			

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

Please fill out the attached sheet. Attach additional pages if necessary. Thank you for your assistance with influenza surveillance in Hawai'i. Contact us at **(808) 586-4586** if you have any questions.