

SCHOOL INFLUENZA-LIKE ILLNESS OUTBREAK REPORT

Influenza-like illness (ILI): a cough and fever ($\geq 100^{\circ}$ F) or chills. 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			
SCHOOL NAME:			
NAME OF REPORTER:		TITLE/DEGREE:	
ADDRESS:			
CITY:	STATE:	ZIP:	COUNTY:
PHONE#:		FAX#:	
Type of school (check all that apply):			
<input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> High School <input type="checkbox"/> Public <input type="checkbox"/> Private			
OUTBREAK INFORMATION			
Onset of Illness for first case or date clustered absenteeism began:		Onset of Illness for last case or date clustered absenteeism ended:	
Have students been sent home during the school day due to respiratory illness? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your school's ILI activity dispersed through several grades or clustered to one or more class(es)/grade(s)? (check one or both) <input type="checkbox"/> Dispersed			
<input type="checkbox"/> Clustered			
A. IF DISPERSED:			
Total number of students at your school: _____			
Number of students absent on the first day absenteeism exceeded 10% for entire school: _____			
B. IF CLUSTERED:			
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: _____			
COMMENTS:			

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.

STUDENTS INFLUENZA-LIKE-ILLNESS (ILI) TRACKING SHEET (Attach additional sheets if necessary)

Name (Last, First)	Class/ Grade	Absent for (days)	DOB	Date Absenteeism Began for ILI	Where was student examined? (i.e. health room, doctor's office etc.)	If seen at doctor's office, Physician's name	Parent's Name	Phone Number for Parent	Flu Vaccine? (y/n)	Most Recent Vaccination Date	Fever (°F)	Cough	Sore Throat	Malaise	Chills	Muscle Aches	Diarrhea	Vomiting	Headache			
<i>Ex. Smith, John</i>	<i>8th</i>	<i>2</i>	<i>4/18/1996</i>	<i>12/20/2003</i>	<i>Doctor's office</i>	<i>Dr. John Smith</i>	<i>Holly Smith</i>	<i>956-0000</i>	<i>Yes</i>	<i>9/30/2003</i>	<i>102.1</i>	✓	✓	✓						✓		
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* Please indicate in the comments section of the form if any student developed pneumonia (clinical diagnosis is sufficient), was hospitalized or died within 2 weeks of ILI onset.