

## West Virginia Department of Health & Human Resources' Bureau for Public Health Outbreak Report for Suspected or Confirmed Acute Respiratory Illness in Schools or Healthy Populations

Instructions: For Local Health Departments/Regional Epidemiologists. Please complete this report form for all respiratory outbreaks reported in a school or healthy population settings. Be sure to fill in all fields to ensure completeness of the report. Reports should be submitted within 30 days after closing the outbreak. Completing this report will meet Threat Preparedness grant requirements and reporting elements needed for evaluation of how acute respiratory outbreaks are investigated throughout WV. 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): Region: Contact information for person who first notified health department about the outbreak: Date Reported: Click here to enter a date. Reported By: Affiliation: Person Contacted: Affiliation: Date investigation <u>initiated</u> by the agency: Name(s) Report Prepared By: Title(s): County: \_\_\_\_\_ Telephone: 1. Introduction and Background (info in this section should be what is reported in the initial call about the outbreak): Who → population affected Absentee rate: # of ill staff # of ill students Total # of students Total # of staff Where → School/facility name: School/facility county: School/facility address: Setting type: ☐ Public School ☐ Private ☐ Daycare/After School Program ☐ Residential ☐ Other, (specify): When → Date when absentee rate was first reported above baseline: Click here to enter a date. Predominant Symptoms (check all that apply): ☐ Fever ≥100°F ☐ Congestion or runny nose ☐ Cough ☐ Shortness of breath ☐ Sore throat ☐ Other, (specify):

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☐ Chills

For questions or additional information, contact the Division of Infectious Disease Epidemiology at 304-558-5358, or online at oeps.wv.gov



2. Meth	ods				
<u>Probable</u>	Case Definition:				
□ Influen	za-like illness: Fever ≥100	)°F <u>and</u> cough <u>and/o</u>	<u>r</u> sore throat in the a	bsence of known cause other than	
influenza					
☐ Acute I	Respiratory Illness: Includ	ing RSV, parainfluen	za, and other respira	atory viruses	
	-19: Meets presumptive l	ab evidence			
☐ Physici	an (nurse) diagnosis				
□ Other o	etiology (specify):				
Confirme	<u>d</u> Case Definition:				
□ Labora	tory confirmed (specify e	tiology):			
Data Coll	ection (check all that app	oly):			
☐ Line lis	t				
□ Absent	ee reports from school				
□ Other (	(specify):				
Assessme	ent of Infection Control N	1easures (check all t	hat apply):		
☐ Site visit ☐ Conference call with scho		ence call with school	☐ Other (specify):		
Laborato	ry (specify total number	of specimens collect	ed):		
Rapid tes	ts: PCRs:		Cultures:		
Control N	leasures:				
Date scho	ool started implementing	control recommenda	ations: Click here to	enter a date.	
☐Sent letter home with students			□Discontinue	□Discontinued group activities	
$\square$ Provided education on hand hygiene and			☐Kept same s	$\square$ Kept same students in one classroom while	
respiratory etiquette			rotating teach	rotating teachers	
□Increased environmental cleaning			□Private room	$\square$ Private room for ill resident if possible	
□Keep ill staff home			□Other (speci	□Other (specify):	
3. Resul	ts (attach any epidemic c	urve and/or other da	ata analysis):		
[	Highest recorded absen	tee rate			
	Final # of ill students		Final # of ill staff		
	Total # of students		Total # of staff		

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Use this report form for suspected or confirmed Respiratory Illness outbreaks only



Outbreak Closure Information: (If school absentee baseline is unknown, use threshold of 10% absentee)					
Date when absentee rate was first detected above baseline: Click here to enter a date.					
Date when absentee rate returned to baseline: Click here to enter a date.					
Number of students admitted to a hospital:					
Number of students who died:					
Laboratory (please attach documentation of laboratory confirmation)					
Was there laboratory confirmation of this outbreak:					
□Yes					
□ No					
# of specimens tested					
# positive for influenza influenza type:					
# positive for COVID-19					
# positive for Other Etiology (please specify)					
4. Limitations: (discuss any limitations to this investigation):					
5. Conclusion/Discussion (discuss interpretation of investigation and any conclusions):					
A person-to-person outbreak of occurred at school that resulted in an absentee rate of %.					
Date that absenteeism was detected above baseline was on Absentee rate at the school returned to					
baseline on					
6. Recommendations/Lessons Learned:					
During this outbreak, the following recommendations were made to control the outbreak and prevent similar					
future outbreaks (check all that apply):					
$\square$ Make influenza vaccine available to all students and staff prior to the influenza season					
$\square$ Make COVID-19 vaccine available to all students and staff					
$\square$ Improve timeliness of reporting to the local health department					
☐ Emphasize hand hygiene					
☐ Environmental cleaning					
☐ Educate parents on excluding students from school when sick					
. □ Work with local health department to coordinate laboratory testing					
□ Other (specify):					
Additional Comments:					
Additional Comments.					
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