

West Virginia Department of Health, Bureau for Public Health

Outbreak Report for Suspected or Confirmed Acute Respiratory Illness in Long-Term Care Facilities (LTCF)

Instructions: For Local Health Departments/Regional Epidemiologists. Please complete this report form for all acute respiratory outbreaks reported in long-term care facilities. For complex outbreaks, a full written report is more appropriate for documentation. Consult an experienced epidemiologist for assistance. Fill in all fields to ensure completeness of the report. Reports should be submitted within 30 days of the closing of the outbreak. Once you have completed this form, please fax it to the Office of Epidemiology and Prevention Services at 304-558-8736 or email it to your state outbreak lead and share it with the facility.

Outbreak number (from OEPS): _____

Contact information for person who first notified the health department about the outbreak:

Reported By: _____ Affiliation: _____ Date Reported: [Click or tap to enter a date.](#)

Person Contacted: _____ Affiliation: _____

Date investigation initiated by the agency: [Click or tap to enter a date.](#)

Name(s) Report Prepared By: _____ Title(s): _____

County: _____ Region: _____ Telephone: _____

1. Introduction and Background:

Describe the context of the outbreak at the time of the initial report:

Does the facility have a standing order for any of the following (check all that apply):

- Influenza Vaccination COVID Vaccination Pneumococcal Vaccination Antiviral Prophylaxis

Who → population affected

| | | | |
|-----------------------------------|--|-------------------------------|--|
| Initial # of Ill Residents | | Initial # of Ill Staff | |
| Total # of Residents | | Total # of Staff | |

Where →

Facility name: _____ Facility county: _____

Facility address: _____

Facility type: Long-Term Care Facility Assisted living Other, specify:

When →

Date of first onset: [Click or tap to enter a date.](#)

What → describe clinical findings

Predominant Diagnoses (check all that apply):

- Pneumonia COVID
 Influenza-Like Illness (ILI) Others, Specify
 Lower Respiratory Tract Infection
 Upper respiratory Tract Infection

Objective(s) of Investigation (check all that apply):

- Control the outbreak
 Reduce severity and risk to others Preventing additional cases
 Respond to community concerns Other, specify:

Confidential Report- Distribute as necessary.

2. Methods:

Probable Case Definition (check definition used for this outbreak):

- McGeer’s case definition worksheet that can be found at: https://oeps.wv.gov/toolkits/Pages/toolkits_ari.aspx
- Healthcare provider diagnosis
- Other, Specify

Confirmed Case Definition

- Meets probable case definition and is laboratory confirmed for a specific pathogen

Data Collection (check all that apply):

- Line list
- Facility report of cases
- Other (specify):

Assessment of Infection Control Measures (check all that apply):

- Site visit, indicate who
- Phone interview with the Infection Preventionist or other staff
- Conference call with facility
- Other (specify):

3. Results (attach any epidemic curve and/or other data analysis):

| Residents | | Staff | |
|--|--|--|--|
| Total # of pneumonia cases* | | Total # of pneumonia cases* | |
| Total # of influenza cases | | Total # of influenza cases | |
| Total # who received antiviral prophylaxis | | Total # who received antiviral prophylaxis | |
| Total # of COVID cases | | Total # of COVID cases | |
| Total # of other pathogen: specify | | Total # of other pathogen: specify | |
| Total # of LRTI cases* | | Total # of LRTI cases* | |
| Total # of URTI cases* | | Total # of URTI cases* | |

*Number who meets probable or confirmed case definition used for outbreak

Laboratory and Radiographic Work Up

| Test | Number Tested | Results (number positive) * |
|---------------------------|---------------|-----------------------------|
| OLS PCR | | |
| Non-OLS viral PCR/culture | | |
| Rapid Test Flu | | |
| Rapid Test COVID | | |
| Rapid Test RSV | | |
| Chest-X-ray | | |
| Other, Specify: | | |

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Control Measures:

Date facility first started implementing control recommendations: Click or tap to enter a date.

- | | |
|---|---|
| <input type="checkbox"/> Active surveillance for respiratory illness | <input type="checkbox"/> Cohorted ill residents |
| <input type="checkbox"/> Practiced respiratory hygiene/cough etiquette | <input type="checkbox"/> Cohorted staff to work with ill or well |
| <input type="checkbox"/> Instituted droplet precautions | <input type="checkbox"/> Closed to new admissions in affected areas |
| <input type="checkbox"/> Instituted contact precautions | <input type="checkbox"/> Limited group social and dining activities |
| <input type="checkbox"/> Conducted educational in-service | <input type="checkbox"/> Changes to visitation policy, specify: |
| <input type="checkbox"/> Ill staff should be excluded from work until return-to-work criteria was met | <input type="checkbox"/> Other, specify: |

Additional Control Measures, if Applicable:

- Influenza Vaccine COVID Vaccine Pneumococcal Vaccine Other, specify:

Outbreak Closure Information:

Onset date of first case: Click or tap to enter a date.

Onset date of last case: Click or tap to enter a date.

Number of individuals admitted to a hospital: _____

Number of individuals who died: _____

Average duration of illness (specify days): _____

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 _____ that affected _____ residents and _____ staff.

Illness onsets ranged from Click or tap to enter a date. to Click or tap to enter a date.

6. **Recommendations/Lessons Learned:**

- Provide influenza vaccine to all residents prior to the influenza season
- Provide all residents with pneumococcal, COVID vaccines and recommended boosters
- Encourage all healthcare workers to obtain the influenza vaccine prior to the influenza season
- Encourage all healthcare workers to be up to date on COVID vaccination
- Encourage the facility to use DIDE toolkit for acute respiratory outbreaks in LTCF
- Obtain standing order for collection of nasopharyngeal swabs and laboratory testing of symptomatic residents
- Encourage health care providers to perform appropriate testing (blood culture, sputum culture, if possible, WBC and chest x-ray) for suspected pneumonia cases during an outbreak
- Improve timeliness of reporting to the local health department
- Use appropriate infection control measures per CDC isolation guidelines
- Encourage hand hygiene and monitor healthcare worker compliance with hand hygiene recommendations
- Other:

Additional Comments:

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