

West Virginia 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 Office of Epidemiology and Prevention Services at 304-558-8736 or email to your state outbreak contact. Sharing a copy of this finished report with the facility will aid in prevention and control efforts.

Outbreak number (from OEPS): _____

Contact information for person who first notified 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): _____ Telephone: _____

County: _____ Region: _____

1. Introduction and Background (info in this section should be what is reported in the initial call about the outbreak):

Who → population affected

Initial absentee rate	
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Initial # of ill students/residents/attendees		Initial # of ill staff	
Total # of students/residents/attendees		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 or tap to enter a date.](#)

What →

Predominant Symptoms (check all that apply):

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Fever ≥100°F | <input type="checkbox"/> Congestion or runny nose |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Other, (specify): |
| <input type="checkbox"/> Chills | |

2. Methods:

- Influenza-like illness: Fever $\geq 100^{\circ}\text{F}$ and cough and/or sore throat in the absence of known causes other than influenza
- Acute Respiratory Illness (no lab testing or negative testing)
- Positive Laboratory testing (specify etiology):
- Physician (nurse) diagnosis

Data Collection (check all that apply):

- Line list
- Absentee reports from school
- Other (specify):

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

- Site visit
- Conference call with facility
- Other (specify):

Control Measures:

Date school started implementing control recommendations: *Click or tap to enter a date.*

- Sent letter home with students
- Provided education on hand hygiene and respiratory etiquette
- Increased environmental cleaning
- Exclude ill students from school/daycare
- Keep ill staff home
- Discontinued group activities
- Kept same students in one classroom while rotating teachers
- Private room for ill resident if possible
- Other (specify):

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

Highest recorded absentee rate	
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Final # of ill students/residents/attendees		Final # of ill staff	
Total # of students/residents/attendees		Total # of staff	

Laboratory Work Up (please attach documentation of laboratory confirmation)

Test	Number Tested	Results (number positive)
OLS PCR		
Non-OLS viral PCR/culture		
Rapid Flu Test		
Rapid COVID Test		
Other (specify):		

Outbreak Closure Information: (If school absentee baseline is unknown, use threshold of 15% absentee)

Date when absentee rate was first detected above baseline: [Click or tap to enter a date.](#)

Date when absentee rate returned to baseline: [Click or tap to enter a date.](#)

Number of students admitted to a hospital:

Number of students who died:

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 _____ students/residents/attendees (or absentee rate) and _____ staff. Illness onsets (or increase in absentee rate) ranged from [Click or tap to enter a date.](#) to [Click or tap to enter a date.](#)

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):

- Make influenza vaccine available to all students and staff prior to the influenza season
- Make COVID-19 vaccine available to all students and staff
- Improve timeliness of reporting to the local health department
- Emphasize hand hygiene and respiratory etiquette
- Environmental cleaning
- Educating parents on excluding students from school when sick
- Work with the local health department to coordinate laboratory testing
- Other (specify):

Additional Comments: