

## Outbreak Report for Acute Respiratory Illness Outbreaks 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 West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Epidemiology and Prevention Services, Division of Infectious Disease Epidemiology (DIDE) at 304-558-8736 and share it with the facility.

**Outbreak number (from DIDE):**

**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): \_\_\_\_\_  
 County: \_\_\_\_\_ Region: \_\_\_\_\_ Telephone: \_\_\_\_\_

**1. Introduction and Background**

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

**Who→ population affected**

<b># of Ill Residents</b>		<b># of Ill Staff</b>	
<b>Total # of Residents</b>		<b>Total # of Staff</b>	

**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
- Respond to community concerns
- Prevent additional cases
- Other, specify:

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**2. Methods**

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

McGeer’s case definition worksheet that can be found at:  
[www.dhhr.wv.gov/oeps/disease/ob/documents/toolkits/acute-respiratory-ltcf/case-class-acute-ri-ltcf.pdf](http://www.dhhr.wv.gov/oeps/disease/ob/documents/toolkits/acute-respiratory-ltcf/case-class-acute-ri-ltcf.pdf)

- 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 of 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 # 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		
Chest-X-ray		Total Pneumonia
Other, Specify		

\*Indicate the number of positive except for WBC indicate Mean and Median

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

- Influenza Vaccination  COVID Vaccination  Pneumococcal Vaccination  Antiviral Prophylaxis

**Control Measures:**

Date facility first started implementing control recommendations: [Click or tap to enter a date.](#)

# Residents prophylaxed

# Residents treated

# Staff prophylaxed

- |   |   |
|---|---|
| <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"/> Limited visitation                         |
| <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):

**Limitations:** (discuss any limitations to this investigation)

**Conclusion/Discussion:** (discuss interpretation of investigation and any conclusions)

A person-to-person outbreak of \_\_\_\_\_ occurred at \_\_\_\_\_ that affected \_\_\_\_\_ cases/residents/attendees and staff. Illness onsets ranged from [Click or tap to enter a date.](#) to [Click or tap to enter a date.](#)

**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

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- 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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