

## West Virginia Bureau for Public Health Outbreak Report for Suspected or Confirmed Influenza in a School Setting

**Instructions: For Local Health Departments/Regional Epidemiologists.** Please complete this report form for all influenza outbreaks reported in a school setting. 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 influenza 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:  
 Reported By: \_\_\_\_\_ Affiliation: \_\_\_\_\_ Date Reported: [Click here to enter a date.](#)  
 Person Contacted: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
 Date investigation initiated 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

# of Absent Students	
Total # of Students	

**Where**→

School name: \_\_\_\_\_ School: \_\_\_\_\_  
 School address: \_\_\_\_\_  
 School type: ☐ Public School ☐ Private ☐ Daycare/After School Program ☐ Other, (specify): \_\_\_\_\_

**When**→

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

**What**→

**Predominant Symptoms (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Fever $\geq 100^{\circ}\text{F}$ | <input type="checkbox"/> Chills                                    |
| <input type="checkbox"/> Cough                            | <input type="checkbox"/> Positive laboratory test(s) for influenza |
| <input type="checkbox"/> Sore throat                      | <input type="checkbox"/> Other, (specify): _____                   |

### 2. Methods

**Probable Case Definition:**

- ☐ Influenza-like illness: Fever  $\geq 100^{\circ}\text{F}$  and cough and/or sore throat in the absence of known cause other than influenza
- ☐ Physician (nurse) diagnosis

**Confirmed Case Definition:**

- ☐ Meets probable case definition and is laboratory confirmed

Use this report form for suspected or confirmed influenza outbreaks only

**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 school      ☐ Other (specify): \_\_\_\_\_

**Laboratory (specify total number of specimens collected):**

Rapid tests: \_\_\_\_\_      PCRs: \_\_\_\_\_      Cultures: \_\_\_\_\_

**Control Measures:**

Date school started implementing control recommendations: [Click here to enter a date.](#)

- ☐ Sent letter home with students      ☐ Discontinued group activities  
☐ Provided education on hand hygiene and respiratory etiquette      ☐ Kept same students in one classroom while rotating teachers  
☐ Increased environmental cleaning      ☐ Other (specify): \_\_\_\_\_

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

Highest recorded absentee rate	
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**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: \_\_\_\_\_

**Clinical Illness Characteristics**

**Predominant Symptoms (check all that apply):**

- ☐ Fever  $\geq 100^{\circ}\text{F}$       ☐ Sore throat  
☐ Cough      ☐ Chills

**Laboratory (please attach documentation of laboratory confirmation)**

Was there laboratory confirmation of this outbreak:

- ☐ Yes    # of specimens tested \_\_\_\_\_    #positive for influenza \_\_\_\_\_    influenza type: \_\_\_\_\_  
☐ No

**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):

- ☐ Make influenza vaccine available to all students and staff prior to the influenza season
- ☐ 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
- ☐

**Additional Comments:**