West Virginia Bureau for Public Health

Outbreak Report for Acute Respiratory Illness (Non-Influenza) Outbreaks in Long-Term Care Facilities (LTCFs)

Instructions: For Local Health Departments/Regional Epidemiologists. Please complete this report form for all acute non-influenza 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 from closing the outbreak. 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):

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: Click here 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

<table>
<thead>
<tr>
<th># of Ill Residents</th>
<th># of Ill Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of Residents</td>
<td>Total # of Staff</td>
</tr>
</tbody>
</table>

Where→
Facility name: Facility County:
Facility address:
Facility type: ☐ Long-Term Care Facility ☐ Assisted living ☐ Other, specify:

When→
Date of first onset: Click here to enter a date.

What→ describe clinical findings
Predominant Diagnoses (check all that apply):
☐ Pneumonia
☐ Influenza-Like Illness
☐ Lower Respiratory Tract Infection
☐ Upper respiratory Tract Infection
☐ Others, Specify

Objective(s) of Investigation (check all that apply):
☐ Control the outbreak
☐ Reduce severity and risk to others ☐ Prevent additional cases
☐ Respond to community concerns ☐ Other, specify:
2. Methods

Probable Case Definition (check definition used for this outbreak):
☐ McGeer’s case definition worksheet that can be found at
  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)

<table>
<thead>
<tr>
<th></th>
<th>Residents</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total # of pneumonia cases*</td>
<td>Total # of pneumonia cases*</td>
</tr>
<tr>
<td>Total # of ILI cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total # of LRTI cases*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total # of URTI cases*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Laboratory and Radiographic Work Up

<table>
<thead>
<tr>
<th>Test</th>
<th>Number Tested</th>
<th>Results (number positive)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>OLS PCR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-OLS viral PCR / culture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Culture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sputum Culture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WBC</td>
<td>MEAN</td>
<td>MEDIAN</td>
</tr>
<tr>
<td>Chest-X-ray</td>
<td></td>
<td>Total positive for Pneumonia</td>
</tr>
<tr>
<td>Other, Specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Does the facility have a standing order for any of the following (check all that apply):
Influenza Vaccination ☐  Pneumococcal Vaccination ☐  Antiviral Prophylaxis ☐

**Control Measures:**

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

<table>
<thead>
<tr>
<th># Residents prophylaxed</th>
<th># Residents treated</th>
<th># Staff prophylaxed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Active surveillance for respiratory illness</td>
<td>☐ Cohorted ill residents</td>
<td></td>
</tr>
<tr>
<td>☐ Practiced respiratory hygiene/cough etiquette</td>
<td>☐ Cohorted staff to work with ill or well</td>
<td></td>
</tr>
<tr>
<td>☐ Instituted droplet precautions</td>
<td>☐ Closed to new admissions in affected areas</td>
<td></td>
</tr>
<tr>
<td>☐ Instituted contact precautions</td>
<td>☐ Limited group social and dining activities</td>
<td></td>
</tr>
<tr>
<td>☐ Conducted educational in-service</td>
<td>☐ Limited visitation</td>
<td></td>
</tr>
<tr>
<td>☐ Ill staff stayed off work until afebrile, off antipyretics, for 24 hours and improving</td>
<td>☐ Other, specify:</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Control Measures, if Applicable:**

☐ Influenza Vaccine  ☐ Pneumococcal Vaccine  ☐ Other, specify:

**Outbreak Closure Information:**

Onset Date of First Case: Click here to enter a date.

Onset Date of Last Case: Click here 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 here to enter a date. to Click here to enter a date.

**Recommendations/Lessons Learned:**

☐ Provide influenza vaccine to all residents prior to the influenza season

☐ Provide all residents with pneumococcal vaccine

☐ Encourage all healthcare workers to obtain the influenza vaccine prior to the influenza season

☐ Encourage the facility to use DIDE toolkit for acute respiratory outbreaks in LTCFs

☐ Obtain standing order for collection of NP 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

☐