West Virginia Bureau for Public Health
Outbreak Report for Suspected or Confirmed Influenza in Long Term Care Facilities

Instructions: For Local Health Departments/Regional Epidemiologists. Please complete this report form for all influenza outbreaks reported in long term care facilities. Be sure to fill in all fields to ensure completeness of the report. Reports should be submitted within 30 days from 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:
Person Contacted: Affiliation:
Date investigation initiated by the agency:
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 Symptoms (check all that apply):
□ Fever ≥100°F □ Chills
□ Cough □ Pneumonia(s)
□ Sore throat □ Positive laboratory test(s) for influenza

Objective(s) of Investigation (check all that apply):
□ Control and prevention □ Training opportunities
□ Reduce severity and risk to others □ Program considerations (specify):
□ Respond to community concerns □ Other, specify:
□ Improve influenza surveillance
2. Methods

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

☐ McGeer’s: (both criteria 1 and 2 must be present)
   1. Fever: either (a) a single oral temperature greater than 100°F or (b) repeated oral temperatures greater than 99°F or rectal temperatures greater than 99.5°F or (c) a single temperature greater than 2°F over baseline from any site.
   2. At least three of the influenza-like illness sub criteria symptoms.

☐ Influenza-like illness: Fever ≥100°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

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

☐ Conference call with facility

☐ Other (specify):

Control Measures:

Date facility first started implementing control recommendations:

☐ Antivirals administered:

☐ # Residents prophylaxed

☐ # Residents treated

☐ # Staff prophylaxed

☐ Vaccination: # residents receiving

☐ Cohorted ill residents

☐ Active surveillance for respiratory illness

☐ Cohorted staff to work with ill or well

☐ Conducted educational in-service

☐ Closed to new admissions

☐ Instituted droplet precautions

☐ Limit group social and dining activities

☐ Restricted visitation

☐ Other, specify:

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

<table>
<thead>
<tr>
<th>Residents</th>
<th>Staff</th>
</tr>
</thead>
</table>
| Final Number of residents ill*: | Final Number of staff ill*:
| Number of residents vaccinated before outbreak | Number of staff vaccinated before outbreak: |
| Total number of residents at the facility | Total number of staff at the facility |

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

Outbreak Closure Information:

Onset Date of First Case:

Onset Date of Last Case:

Does the facility have a standing order program for vaccination of residents?  For antiviral use?

Number of individuals admitted to a hospital:

Number of individuals who died:
Use this report form for suspected or confirmed influenza outbreaks only

**Clinical Illness Characteristics**

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

- [ ] Fever ≥100°F
- [ ] Cough
- [ ] Sore throat
- [ ] Chills
- [ ] New headache or eye pain

Average duration of illness (specify days):

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

<table>
<thead>
<tr>
<th># of rapid tests administered:</th>
<th># of positive (specify type, if known):</th>
<th>Name of rapid test:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th># of specimens tested at OLS:</th>
<th># of positive:</th>
<th>Type of influenza by PCR:</th>
</tr>
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</table>

<table>
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<tr>
<th># of culture positive results</th>
<th>Type/strain of influenza by culture:</th>
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</table>

**Other Results:**

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

A person-to-person outbreak occurred at facility that affected residents/attendees and staff members. Illness onsets ranged from to cases were hospitalized and deaths occurred. The average duration of illness was days.

**5. Recommendations:**

- [ ] Provide influenza vaccine to all residents prior to the influenza season
- [ ] Encourage all healthcare workers to obtain the influenza vaccine prior to the influenza season
- [ ] Obtain standing order to enable administration of antiviral agents in the event of an influenza outbreak
- [ ] Improve timeliness of reporting to the local health department

**Additional Comments:**