**West Virginia Department of Health & Human Resources’ 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 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**

**Absentee rate:**

|  |  |  |  |
| --- | --- | --- | --- |
| **# of ill students** |  | **# of ill staff** |  |
| **Total # of students** |  | **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 here to enter a date.

**What →**

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

☐ Fever ≥100°F

☐ Cough

☐ Sore throat

☐ Chills

☐ Congestion or runny nose

☐ Shortness of breath

☐ Other, (specify):

1. **Methods**

**Probable Case Definition:**

☐ Influenza-like illness: Fever ≥100°F and cough and/or sore throat in the absence of known cause other than influenza

☐ Acute Respiratory Illness: Including RSV, parainfluenza, and other respiratory viruses

☐ COVID-19: Meets presumptive lab evidence

☐ Physician (nurse) diagnosis

☐ Other etiology (specify):

**Confirmed Case Definition:**

**☐** Laboratory confirmed (specify etiology):

**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

☐Provided education on hand hygiene and respiratory etiquette

☐Increased environmental cleaning

☐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):

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

|  |  |
| --- | --- |
| **Highest recorded absentee rate** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Final # of ill students** |  | **Final # of ill staff** |  |
| **Total # of students** |  | **Total # of staff** |  |

**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:

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

Was there laboratory confirmation of this outbreak:

☐Yes

☐ No

|  |
| --- |
| # of specimens tested |
| # positive for influenza       influenza type: |
| # positive for COVID-19 |
| # positive for Other Etiology (please specify) |

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

1. **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     .

1. **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

☐ Environmental cleaning

☐ Educate parents on excluding students from school when sick

☐ Work with local health department to coordinate laboratory testing

☐ Other (specify):

**Additional Comments:**