

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.

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	ase Epidemiology (DIDE) at	304-558-8736	and share it with the fa	icility.		
	ber (from DIDE):					
	nation for person who first		=			
Reported By: Affilia		•				
Person Contact		iation:				
_	ion <u>initiated</u> by the agency		enter a date			
Name(s) Repor	•					
County:	Region:	Tele	phone:			
1. Introduction	on and Background					
	ne context of the outbreak	at the time of th	ne initial report:			
	oulation affected	at the time of the	ic initial report.			
, por	# of Ill Residents		# of III Staff		\neg	
	Total # of Residents		Total # of Staff			
Where→		•		•		
Facility nar	Facility name:		Facility county:			
Fac	cility address:					
Fac	cility type: ☐ Long-Term Ca	re Facility 🗆	Assisted living □ Oth	er, specify:		
When→						
Da	te of first onset: Click or ta	p to enter a date	2.			
What→ de	scribe clinical findings					
Predomina	nt Diagnoses (check all th	at apply):				
☐ Pneumo	nia	□ COVID				
☐ Influenza	a-Like Illness (ILI)	☐ Others, S	pecify			
□ Lower Re	espiratory Tract Infection					
□ Upper re	espiratory Tract Infection					
Objective(s) of Investigation (check a	II that apply):				
☐ Control t	the outbreak					
			☐ Prevent addition	nal cases		
	severity and risk to others		☐ Other, specify:			
□ Respond	to community concerns		□ 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/disease/ob/documents/toolkits/acute-respiratory-ltcf/case-class-acute-ri-ltcf.pdf/disease/ob/documents/toolkits/acute-respiratory-ltcf/case-class-acute-ri-ltcf.pdf/disease/ob/documents/toolkits/acute-respiratory-ltcf/case-class-acute-ri-ltcf.pdf/disease/ob/documents/toolkits/acute-respiratory-ltcf/case-class-acute-ri-ltcf.pdf/disease/ob/documents/toolkits/acute-respiratory-ltcf/case-class-acute-ri-ltcf.pdf/disease/ob/documents/toolkits/acute-respiratory-ltcf/case-class-acute-ri-ltcf.pdf/disease/ob/documents/toolkits/acute-respiratory-ltcf/case-class-acute-ri-ltcf.pdf/disease/ob/documents/toolkits/acute-ri-ltcf.pdf/disease/ob/documents/toolkits/acute-ri-ltcf.pdf/disease/ob/documents/toolkits/acute-ri-ltcf.pdf/disease/ob/documents/toolkits/acute-ri-ltcf.pdf/disease/ob/documents/toolkits/acute-ri-ltcf.pdf/disease/ob/documents/toolkits/acute-ri-ltcf.pdf/disease/ob/documents/toolkits/acute-ri-ltcf.pdf/disease/ob/documents/toolkits/acute-ri-ltcf.pdf/disease/ob/documents/toolkits/acute-ri-ltcf.pdf/disease/ob/documents/disease/o							
	☐ 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 N	1easures	(check all th	nat app	ly):			
	□ 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 c	other data a	nalvsis				
	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*							
	*Number who meets <u>prol</u> Laboratory and Radiographic Wor		confirmed ca	ase defi	inition used for outbreak			
	Test	Nu	mber Teste	d	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 e	xcept for	WBC indica	te Mea	n and Median			

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Office of Epidemiology and Prevention Services Division of Infectious Disease Epidemiology 350 Capitol St., Room 125, Charleston, WV, 25301

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

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Control Measures: Date facility first started implementing control recomme # Residents prophylaxed # Residents treated	endations: Click or tap to enter a date. # Staff prophylaxed				
☐ Active surveillance for respiratory illness	☐ Cohorted ill residents				
☐ Practiced respiratory hygiene/cough etiquette	\square Cohorted staff to work with ill or well				
☐ Instituted droplet precautions	$\hfill\Box$ Closed to new admissions in affected areas				
☐ Instituted contact precautions	\square Limited group social and dining activities				
☐ Conducted educational in-service	☐ Limited visitation				
☐ III staff should be excluded from work until return- to-work criteria was met	☐ 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 invest A person-to-person outbreak of occurred at staff. Illness onsets ranged from Click or tap to enter a d	that affectedcases/residents/attendees and				
Recommendations/Lessons Learned:					
☐ Provide influenza vaccine to all residents prior to the influenza season					
\square Provide all residents with pneumococcal, COVID vaccines and recommended boosters					
$\hfill\square$ Encourage all healthcare workers to obtain the influenza vaccine prior to the influenza season					
\square Encourage all healthcare workers to be up to date on COVID vaccination					
\square Encourage the facility to use DIDE toolkit for acute respiratory outbreaks in LTCF					
☐ Obtain standing order for collection of nasopharyngea residents	al swabs and laboratory testing of symptomatic				
☐ Encourage health care providers to perform appropria WBC and chest x-ray) for suspected pneumonia cases					
☐ Improve timeliness of reporting to the local health department					
☐ Use appropriate infection control measures per CDC is	solation guidelines				
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 $\ \square$ Influenza Vaccination $\ \square$ COVID Vaccination $\ \square$ Pneumococcal Vaccination $\ \square$ Antiviral Prophylaxis

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☐ Encourage hand hygiene and monitor healthcare worker compliance with hand hygiene recommendations
□ Other:
Additional Comments: