



**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](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**

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*		Total # of URTI cases*	

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

**Laboratory and Radiographic Work Up**

Test	Number Tested	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 except for WBC indicate Mean and Median

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

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Office of Epidemiology and Prevention Services  
 Division of Infectious Disease Epidemiology  
 350 Capitol St., Room 125, Charleston, WV, 25301  
 Phone: 304-558-5358, ext. 2 • Fax: 304-558-8736 • Answering Service 304-347-0843  
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Influenza Vaccination  COVID Vaccination  Pneumococcal Vaccination  Antiviral Prophylaxis

**Control Measures:**

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

# Residents prophylaxed

# Residents treated

# Staff prophylaxed

- |                                                                                                       |                                                                     |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Active surveillance for respiratory illness                                  | <input type="checkbox"/> Cohorted ill residents                     |
| <input type="checkbox"/> Practiced respiratory hygiene/cough etiquette                                | <input type="checkbox"/> Cohorted staff to work with ill or well    |
| <input type="checkbox"/> Instituted droplet precautions                                               | <input type="checkbox"/> Closed to new admissions in affected areas |
| <input type="checkbox"/> Instituted contact precautions                                               | <input type="checkbox"/> Limited group social and dining activities |
| <input type="checkbox"/> Conducted educational in-service                                             | <input type="checkbox"/> Limited visitation                         |
| <input type="checkbox"/> Ill staff should be excluded from work until return-to-work criteria was met | <input type="checkbox"/> 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 investigation and any conclusions)

A person-to-person outbreak of \_\_\_\_ occurred at \_\_\_\_ that affected \_\_\_\_ cases/residents/attendees and staff. Illness onsets ranged from Click or tap to enter a date. to Click or tap to enter a date.

**Recommendations/Lessons Learned:**

- Provide influenza vaccine to all residents prior to the influenza season
- Provide all residents with pneumococcal, COVID vaccines and recommended boosters
- Encourage all healthcare workers to obtain the influenza vaccine prior to the influenza season
- Encourage all healthcare workers to be up to date on COVID vaccination
- Encourage the facility to use DIDE toolkit for acute respiratory outbreaks in LTCF
- Obtain standing order for collection of nasopharyngeal 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

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- Encourage hand hygiene and monitor healthcare worker compliance with hand hygiene recommendations
- Other:

**Additional Comments:**

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