

Influenza-like illness is defined as temperature over 100°F and a cough and/or a sore throat.

This form is to report an outbreak at an institution, like a school, correctional facility, child care, etc.

This form is NOT for individual case reports.

Reporting Information

Date of report: ____ / ____ / ____

Name of facility: _____ Type of facility: _____

Facility address: _____

Reporter Information

Name of reporter: _____ Title of reporter: _____

E-mail address: _____ Phone: (____) ____ - ____

Clinical Information

When did illness start? ____ / ____ / ____

What symptoms have been identified in ill cases? Select all that apply.

- Fever Cough Difficulty breathing Chills Fatigue Diarrhea
 Headache Sore throat Runny nose Other symptoms _____

Have there been any hospitalizations? Yes No Unknown If yes, where? _____

Have there been any deaths? Yes No Unknown If yes, how many and when? _____

Have there been any visits to the ER? Yes No Unknown If yes, where? _____

Number of ill in first group: ____ First group description*: _____ Total in first group: ____

Number of ill in second group: ____ Second group description*: _____ Total in second group: ____

*Group description could be: staff, residents, students, different wards, floors, grades, etc.

For healthcare facilities only: Was antiviral chemoprophylaxis prescribed? Yes No

If no, reason why: _____

Laboratory Information

Have any cases been laboratory confirmed? Yes No Unknown

If yes, where were specimens tested? _____ Flu type: Flu A Flu B Unknown

If samples are collected at the facility for testing, coordinate with Health Department Central Office Epidemiology to send specimens to the Health Department Laboratory for further testing.

Immunization Information

For long-term care facilities only: ____ % of residents immunized for flu and ____ % of staff immunized for flu

Notes

VDH CO use only: Were specimens sent to the Department of Health Laboratory? Yes No Results: _____