Influenza Outbreaks in Long-term Care Facilities
Reporting Worksheet- 2012/13 Influenza Season

IDE CENTRAL OFFICE STAFF USE ONLY- PLEASE LEAVE BLANK			IDE ID	
First known onset Date:		Outbreak First Reported:		
County:		Worksheet Version Date:		
NEDSS Outbreak ID:		☐ Initial ☐ Update ☐ Final		
MMWR Report Week:		MMWR Onset Week:		
Data Entry Date:		Data Entry By:		

INVESTIGATOR					
Name		Phone		Email	
Jurisdiction		Job Role			
NEDSS Outbreak ID Number		Date Worksheet last updated			

RECOMMENDATIONS	Discussed	Implemented	Date
Provide current CDC guidelines on controlling influenza in health care facilities: http://www.cdc.gov/flu/professionals/infectioncontrol/	☐	☐	
Provide current recommendations for antivirals http://www.cdc.gov/flu/professionals/antivirals/index.htm Summary: http://www.cdc.gov/flu/professionals/antivirals/antiviral-agents-flu.htm	☐	☐	
Implement standard and droplet precautions	☐	☐	
Confine symptomatic patients to room (cohort ill patients if possible)	☐	☐	
Limit movement of staff between affected and unaffected units	☐	☐	
Limit new admissions	☐	☐	
Discourage visitation, post signs to alert visitors to outbreak	☐	☐	
Consider antiviral treatment for ill residents and/or employees	☐	☐	
Consider antiviral prophylaxis for exposed residents and/or employees	☐	☐	
Continue to monitor residents and employees for influenza-like illness	☐	☐	
Exclude employees with influenza-like symptoms until at least 24 hours after they no longer have a fever (without the use of fever-reducing medicines).	☐	☐	
Advise facility to contact the appropriate regulatory agency and report the event	☐	☐	

FACILITY CHARACTERISTICS					
Facility name					
Address: Street, City, State, ZIP					
County					
Type of facility	☐ Skilled nursing ☐ Assisted living ☐ Rehabilitation ☐ Personal care home ☐ Other:				
Facility Characteristics	# Residents		# Beds		
	# Employees		# Buildings		
			# Units		
Facility Contact person	Name		Phone		
			Email		
	Role		Fax		
Facility Regulatory Agency (optional)	☐ Dept. of Health ☐ Dept. of Public Welfare ☐ Other:				

This document is for internal public health use only. Please do NOT send to long-term care facilities.
When complete please, email to owsimwale@pa.gov OR fax to (717) 772-6975
When saving and emailing, please include the NEDSS outbreak ID number in the filename
For assistance, contact the Division of Infectious Disease Epidemiology: (717) 787-3350

Updated 11/2011

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CLINICAL PROFILE OF OUTBREAK			
Type of illness	☐ Influenza A ☐ Influenza B ☐ Influenza (unknown subtype to date) ☐ ILI only ☐ Pneumonia ☐ Other:		
Date first case became ill		Date last case became ill	
# Residents ill		# Residents hospitalized*	
# Employees ill		# Resident deaths*	
NEDSS Investigation ID(s) of noted death(s)			
Comments:			
**Record only hospitalizations and deaths related to or caused by influenza.* *Please verify that all deaths and hospitalizations associated with outbreaks are noted in NEDSS.*			

MEDICATIONS			
		Medications Given?	If Yes, Which?
Case Individuals (Positive flu result and/or symptoms of ILI given treatment)	Residents	☐ Yes ☐ No ☐ Unknown	☐ Tamiflu (Oseltamivir) ☐ Relenza (Zanamivir) ☐ Other:
	Employees	☐ Yes ☐ No ☐ Referred to own doctor ☐ Unknown ☐ No ill employees known	☐ Tamiflu (Oseltamivir) ☐ Relenza (Zanamivir) ☐ Other:
Well Individuals (Symptom-free and/or exposed persons given prophylaxis)	Residents	☐ Yes ☐ No ☐ Unknown	☐ Tamiflu (Oseltamivir) ☐ Relenza (Zanamivir) ☐ Other:
	Employees	☐ Yes ☐ No ☐ Referred to own doctor ☐ Unknown	☐ Tamiflu (Oseltamivir) ☐ Relenza (Zanamivir) ☐ Other:
Comments:			

LABORATORY TEST RESULTS**				
Rapid Influenza Tests	# Tests done:		Type:	☐ Influenza A ☐ Influenza B ☐ Influenza A/B ☐ A positive ☐ B positive
	# Positive tests:			
Confirmatory Influenza Tests	# PCRs done:		Type:	☐ Influenza A ☐ Influenza B
	# positive PCRs:			
Specimens to BOL	# Shipped:			
	Date(s) shipped:			
	BOL Field Investigation (FI) Number			
Comments:				
***Please include any testing (i.e. at the LTCF or at a hospital, outpatient or other facility) during the outbreak.*				

INFLUENZA VACCINATION				
	Prior to Outbreak and/or for Current Flu Season		During/After Outbreak	
Resident vaccination	# Vaccinated:		# Vaccinated:	
	% Vaccinated:		% Vaccinated:	
Employee vaccination	# Vaccinated:		# Vaccinated:	
	% Vaccinated:		% Vaccinated:	
Comments:				

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EPI CURVE (optional)

15																			
14																			
13																			
12																			
11																			
10																			
9																			
8																			
7																			
6																			
5																			
4																			
3																			
2																			
1																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Date																			
Day of week																			

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