

## ACUTE FEBRILE RESPIRATORY ILLNESS OUTBREAK REPORT FORM COMMUNITY AND CONGREGATE SETTINGS

OUTBREAK INFORMATION																														
Outbreak classification <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect	Local outbreak tracking number	First onset date / /	Last onset date / /																											
Pathogen/s identified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   If yes, specify pathogen/s																														
SETTING INFORMATION																														
Setting type/s (check all settings where illnesses occurred) <input type="checkbox"/> Community/Non-congregate <input type="checkbox"/> Congregate/Institution Specify setting type/s (e.g. skilled nursing, jail, school, etc)																														
Location or facility name	Location or facility contact name	Facility contact number ( )																												
If non-congregate setting: Total number of persons exposed: _____	If congregate/institutional setting: Total number of residents/students at time of outbreak: _____ Total number of staff at time of outbreak: _____																													
CLINICAL INFORMATION																														
Case definition used during the outbreak																														
Predominant symptoms experienced by reported cases: <input type="checkbox"/> Fever (100°F/37.8°C or greater) <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Other   If other, specify: _____																														
Age range: _____ to _____ yrs.	Median age if available: _____	Number (%) Female: _____																												
Number of cases with fever	Highest temperature recorded _____°F   _____°C	Number with clinical diagnosis of pneumonia	Number with abnormal chest x-ray																											
Number hospitalized due to outbreak illness	Number admitted to the ICU due to outbreak illness	Number died due to outbreak illness																												
Total number of cases that meet case definition _____ If congregate/institutional setting, number among residents/students _____   Number among staff members _____																														
LABORATORY INFORMATION (Please attach copies of test results, if available)																														
Total number of cases tested _____ If congregate/institution setting, number among residents/students _____ number among staff members _____		Total number of laboratory-confirmed cases _____ If congregate/institution setting, number among residents/students _____ number among staff members _____																												
Type of specimens obtained and tested (e.g. NP swab, etc.)	Type of tests performed (e.g. rapid, PCR, etc)	Location where specimens were tested (e.g. local PHL, VRDL, etc.)																												
<b>Results</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Influenza A</td> <td style="width: 30%; border-bottom: 1px solid black;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="width: 30%; border-bottom: 1px solid black;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Influenza B</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Influenza type undetermined</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">RSV</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Bordetella pertussis</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Legionella pneumophila</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Coccidioidomycosis (Valley fever)</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Other, specify: _____</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> </table>				Influenza A	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	Influenza B	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	Influenza type undetermined	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	RSV	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	Bordetella pertussis	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	Legionella pneumophila	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	Coccidioidomycosis (Valley fever)	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	Other, specify: _____	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	_____	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)
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Laboratory information comments																														
RISK FACTORS																														
Check all risk factors that may have contributed to the outbreak. <input type="checkbox"/> Close contact with a laboratory-confirmed case <input type="checkbox"/> Animal exposure   Specify animal exposure: _____ <input type="checkbox"/> Other environmental exposure   Specify/describe other environmental exposure: _____ <input type="checkbox"/> Other risk factors   Specify other risk factors: _____																														

**CONTROL MEASURES – COMMUNITY/NON-CONGREGATE SETTING ONLY**

Check all control measures taken in response to the outbreak.

- Isolation/home restriction of symptomatic persons
- Antiviral prophylaxis offered to household or other contacts  
If prophylaxis offered, how many \_\_\_\_\_
- Other control measures Specify other control measures: \_\_\_\_\_

**CONTROL MEASURES – CONGREGATE SETTING ONLY**

FOR ALL RESPIRATORY OUTBREAKS. Check all control measures taken in response to the respiratory outbreak.

- Facility temporarily closed to new admissions
- Facility temporarily closed to visitors
- Ill resident activity restrictions (e.g. remain in their room)
- Staff cohorted to specific patients and/or areas
- Increased education on personal hygiene (respiratory and hand)
- Medical interventions used for outbreaks other than influenza List medical interventions \_\_\_\_\_
- Environmental measures taken List environmental measures taken \_\_\_\_\_
- Other measures List other measures taken \_\_\_\_\_

FOR INFLUENZA OUTBREAKS ONLY. Check all control measures taken in response to the influenza outbreak.

	Residents/students	Staff
Were symptomatic people offered antiviral treatment? If yes, total number treated Antiviral prescribed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ _____
Were symptomatic people offered antiviral prophylaxis? If yes, total number treated Antiviral prescribed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ _____
Were people vaccinated against influenza ≥14 days before the outbreak began? If ye <input type="checkbox"/> , total number vaccinated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____
Were people offered catch-up influenza vaccination after the outbreak began? If yes, total number vaccinated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____
Were residents vaccinated against S. pneumonia ≥14 days before the outbreak began? If yes, total number vaccinated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____	

**ADDITIONAL INFORMATION:** If available, please attach a facility map, epidemic curve (graph of outbreak cases by time), laboratory results and a summary of the local investigation (if completed). If no summary exists, please provide any other important details and descriptions relevant to the investigation below, including any **initial investigative activity, data collection and analyses methods** (e.g. case finding, cohort/case control studies, environmental, etc) **and epidemiologic tools relevant to the investigation** (e.g. epidemic curves, attack rate tables, questionnaires).

Comments / Remarks (e.g. methods, findings, results, etc):

Discussion and/or conclusions:

List summaries or other documents attached with this form

**REPORTING LOCAL HEALTH JURISDICTION (LHJ) INFORMATION**

LHJ investigator name	Local health jurisdiction	LHJ investigator telephone number ( )
Date and time LHJ was initially notified of the outbreak / / _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Date and time LHJ initiated the investigation / / _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Date LHJ closed the investigation / /	Date LHJ Submitted to State / /	

**OTHER KEY STAFF OR ORGANIZATIONS/AGENCIES INVOLVED AND/OR NOTIFIED**

List the names of other staff from the LHJ or outside agencies that were involved in the investigation or notified of the outbreak.

**SEVEN MINIMAL ELEMENTS CHECKLIST**

Below are the seven minimal elements for outbreak investigations as outlined in the CDC Public Health Emergency Preparedness (PHEP) Cooperative Agreement – Performance Measures Specifications and Implementation Guidance (pp. 56-60)

- All seven minimal elements included
  - Context/background (e.g. population affected, location, geographical area/s involved, etiology, etc.)
  - Initiation of investigation (e.g. dates and times notification was received by the LHJ and initiation of investigation, etc.)
  - Investigation methods (e.g. data collection and analyses methods, epi curve, case definition, exposure assessment and classification, etc.)
  - Investigation findings/results (e.g. epi, lab and/or clinical results, other analytic findings, etc.)
  - Discussion and/or conclusions
  - Recommendations for controlling disease and/or preventing/mitigating exposure
  - Key investigators and/or report authors

**RESPIRATORY OUTBREAK DEFINITIONS**INSTITUTIONS\*

- A. For institutions associated with acute health care defined as **general acute care hospital** (GACH) or **acute psychiatric hospital** (APH):
- A sudden increase of acute febrile respiratory illness cases over the normal background rate; OR
  - One case of acute febrile respiratory illness that tests positive for influenza or other respiratory pathogen in the setting of a cluster ( $\geq 2$  cases) of influenza-like illness (ILI); ILI is defined as fever ( $\geq 100^\circ\text{F}$  or  $37.8^\circ\text{C}$ ) plus cough and/or sore throat in the absence of a known cause other than influenza
- B. For institutions associated with long term health care defined as **skilled nursing facility** (SNF), **intermediate care facility** (ICF), **intermediate care facility-developmentally disabled** (ICF-DD), **intermediate care facility – developmentally disabled habilitative** (ICF-DDH), **intermediate care facility-developmentally disabled nursing** (ICF-DDN), **congregate living health facility** (CLHF) and **pediatric day health and respite care facility** (PDHRCF):
- A sudden increase of acute febrile respiratory illness cases over the normal background rate; OR
  - At least one case of laboratory-confirmed influenza or other respiratory pathogen in the setting of a cluster of ILI within a 72-hour period (<http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>)
- NOTE: Healthcare-associated institutional outbreaks are also reportable to the Hospital Acquired Infections (HAI) Unit of the California Department of Public Health
- C. Non healthcare-associated institutions defined as **prison, jail, university dormitory and overnight camps**:
- At least two cases of ILI within 48-72 hour period; OR
  - At least one case of ILI with laboratory confirmation for influenza or other respiratory pathogen in the setting of a cluster of ILI

CONGREGATE SETTINGS – SCHOOLS AND DAY CAMPS\*

- At least 10% of average daily attendance absent with ILI, sustained over a 3-day period; OR
- 20% of an epidemiologically-linked group (such as single classroom, sports team or after-school group) ill with similar symptoms, with a minimum of 5 ill, sustained over a 3-day period

ANY RESPIRATORY DISEASE CLUSTERS DUE TO A REPORTABLE DISEASE (TITLE 17, CCR 2500)\*

For the following diseases; **plague, anthrax, Q-fever, hantavirus, brucellosis and psittacosis**:

- Any respiratory disease cluster (defined as  $\geq 2$  cases of acute respiratory illness occurring within the incubation period of the disease in persons who are in proximity to the same infectious source) with laboratory confirmation in at least **ONE** case.

COMMUNITY \*

- Any respiratory disease cluster (defined as  $\geq 2$  cases of acute respiratory illness occurring within 48-72 hours in persons who are in close proximity to each other) assessed by the LHJ as having public health importance

\*PERTUSSIS

**Pertussis** has a more specific definition for a respiratory outbreak, as outlined below:

- A. Institutions/Congregate setting (e.g. health care facility, school, day care)
- Two or more cases clustered in time and space (e.g. within 42 days of each other in one classroom)
  - Ideally, at least one case should be confirmed by culture
- B. Community
- An increase in the number of cases in a given population during a defined time period, based on what is expected during a non-epidemic period