

ACUTE 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.)																												
Results <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black; padding: 2px;">Influenza A <input type="checkbox"/> (H3) <input type="checkbox"/> (2009H1N1) <input type="checkbox"/> (A Unknown)</td> <td style="width: 30%; border-bottom: 1px solid black; padding: 2px;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="width: 30%; border-bottom: 1px solid black; padding: 2px;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;">Influenza B <input type="checkbox"/> (Yamagata) <input type="checkbox"/> (Victoria) <input type="checkbox"/> (B Unknown)</td> <td style="border-bottom: 1px solid black; padding: 2px;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="border-bottom: 1px solid black; padding: 2px;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;">Influenza type undetermined</td> <td style="border-bottom: 1px solid black; padding: 2px;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="border-bottom: 1px solid black; padding: 2px;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;">RSV</td> <td style="border-bottom: 1px solid black; padding: 2px;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="border-bottom: 1px solid black; padding: 2px;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;">Bordetella pertussis</td> <td style="border-bottom: 1px solid black; padding: 2px;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="border-bottom: 1px solid black; padding: 2px;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;">Legionella pneumophila</td> <td style="border-bottom: 1px solid black; padding: 2px;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="border-bottom: 1px solid black; padding: 2px;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;">Coccidioidomycosis (Valley fever)</td> <td style="border-bottom: 1px solid black; padding: 2px;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="border-bottom: 1px solid black; padding: 2px;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;">Other, specify: _____</td> <td style="border-bottom: 1px solid black; padding: 2px;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="border-bottom: 1px solid black; padding: 2px;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> <tr> <td style="padding: 2px;">_____</td> <td style="padding: 2px;"><input type="checkbox"/> Positive (# positive cases: _____)</td> <td style="padding: 2px;"><input type="checkbox"/> Negative (# negative cases: _____)</td> </tr> </table>				Influenza A <input type="checkbox"/> (H3) <input type="checkbox"/> (2009H1N1) <input type="checkbox"/> (A Unknown)	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	Influenza B <input type="checkbox"/> (Yamagata) <input type="checkbox"/> (Victoria) <input type="checkbox"/> (B Unknown)	<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 asymptomatic 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 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 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 DEFINITIONSINSTITUTIONS

- 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 (≥ 2 cases) of influenza-like illness (ILI); ILI is defined as fever ($\geq 100^\circ\text{F}$ or 37.8°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 ≥ 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 ≥ 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