IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

IDPH INFLUENZA OUTBREAK REPORT FORM FOR CONGREGATE SETTINGS

(e.g. Long Term Care & Correctional Facilities)

Fax, along with the Outbreak Log, to your Local Public Health Department to report an outbreak

Facility Name		
Name of Reporter	**Title:**	
Date of Report		
Address:		
City	**County**	**Zip**
Phone #	**Fax #**	
FACILITY INFORMATION		
Total # of residents in the facility at the time of the outbreak (total exposed): _____	**Total number of staff:** _____ **Number of staff currently with ILI:** _____	
Number of residents in the facility currently with influenza-like illness (ILI): _____	**% of residents vaccinated with seasonal flu vaccine:** _____ **% of staff vaccinated with seasonal flu vaccine:** _____ **% of outbreak cases vaccinated with flu vaccine:** _____	
(ILI) [Fever >100° F [37.8° C] or higher orally AND new onset cough or sore throat]		
(for those with ILI) **# Seen by Provider** _____ **# Hospitalized** _____ **# Fatalities** _____		
Date of symptom/onset detection for the first case of ILI during the outbreak:	**Dates of onset for most recent case of ILI during the outbreak:**	
Type of setting: ☐ **Correctional Facility** ☐ **Long-Term Care Facility** ☐ **Group Home** ☐ **Other** _____ **If long-term care facility, please specify (check only one):** ☐ **Skilled Nursing** ☐ **Assisted Living** ☐ **Combined Care** ☐ **Other** _____		
Have specimens been sent to a laboratory for confirmation of influenza: ☐ **Yes** ☐ **No** **If Yes, names of laboratories:** _____		
Influenza test results to date: **Name of test:** **Number of positive tests** ***(Include type/subtype)*****:** **Number of negative tests:**	**Infection Control Actions Planned:**	

Reviewed 08/2019

Thank you for your assistance with influenza surveillance in Illinois.
Contact your local health department, or IDPH Communicable Disease Section 217-782-2016
(After hours: 1-800-782-7860 or 1-217-782-7860) if you have questions.

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Influenza Surveillance for Congregate Setting Outbreak Log

Suspect outbreaks should be investigated and tested to confirm the etiology. Suspect outbreaks should be reported to your local health department who will then report confirmed influenza outbreaks in the Outbreak Reporting System (ORS) to IDPH.

Facility Name: _____

List all ill residents and employees. Designate employees with an "E" by their names.

Name	DOB	Unit or Wing	Onset Date	Symptoms/ Signs*	Influenza Specimen Collection Date	Lab Result	Seasonal Flu Vaccine Date	Hospitalized (Y/N)	Died (Y/N)

* Symptoms/Signs: e.g. cough(C), fever (F), sore throat (ST), or Other (O) {list: i.e., chills (CH), pneumonia (P), myalgias (M)}

Reviewed 08/2019

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Employee Influenza Vaccination Tracking Form

This form can be used to track employee influenza vaccination status

Date	Last Name	First Name	Unit/Floor/Dept	Date Vaccine Received	Declined Vaccine (Y or N)	Declination Form Signed (Y or N)	Educational Information Received (Y or N)	Date Educational Information Received

Reviewed 08/2019