



RESPIRATORY ILLNESS in RESIDENTS or STAFF of LTCF

(E.G., PHYSICIANS, NURSES, AIDES, VOLUNTEERS in Long Term Care Facility)

Screening Form Only

In order to submit samples – use attached Group Submittal Form

Facility name: _____

Facility contact: _____

Address: _____ City: _____ Phone: _____

Type of facility (e.g., Skilled Nursing, Residential Care, etc): _____ Number of beds: _____

Date of first case: ____/____/____ Date of last case: ____/____/____

Total number of clinical cases in: Residents _____ Staff _____

Total number of laboratory -confirmed cases: Residents _____ Staff _____

Number vaccinated for flu ≥14 days prior to illness¹? Residents _____ Staff _____

Number of contacts who received antiviral **prophylaxis**²? Residents _____ Staff _____

If yes, antiviral used: Amantadine Rimantadine Oseltamivir (Tamiflu)

Number of contacts who received antiviral **treatment**²? Residents _____ Staff _____

If yes, antiviral used: Amantadine Rimantadine Oseltamivir (Tamiflu)

Number of cases hospitalized due to this outbreak? Residents _____ Staff _____

Number of cases who died due to this outbreak? Residents _____ Staff _____

If laboratory-confirmed, list agent identified: _____

Method of diagnosis: Rapid test Isolation DFA/IFA PCR Other, specify: _____

Notes:

1. When requesting testing at VRDL, note influenza vaccination status of the case on the VRDL Specimen Collection Form.

2. When requesting testing at VRDL, note whether patient is taking antiviral agents on the VRDL Specimen Collection Form.

Local Health Department: _____ LHD Contact: _____

Phone: _____ Fax: _____ Date form filled out: _____

PLEASE FAX TO CDPH VRDL at:

(510) 307-8599 ATTN: David Cottam)

If submitting samples for testing, please attach a copy of this form to the Group Submittal Form that will accompany the samples



Instructions for Submittal of Isolation Samples for Suspected Respiratory Outbreaks

CLINICAL SAMPLES: NP swabs, nose & throat swabs and nasal washes and aspirates are useful samples for isolation of suspected viral respiratory pathogens. Acute and convalescent blood samples (red top, tiger top or serum separator tubes) can be useful to identify the cause of an outbreak in retrospect.. Acute blood samples can be screened for Chlamydia or mycoplasma. Convalescent blood samples (without a corresponding acute sample) is of limited value.

- Timing.** Ideally specimens should be obtained during the acute phase of illness (within 48-72 hours of onset).
- Number of Samples.** For meaningful laboratory results four (4) to six (6) acute isolation specimens is usually sufficient to determine if a virus is the cause of the outbreak. We are willing to accept a maximum of ten (10) samples per outbreak.
- Storage and Transportation.** Swabs for virus isolation should be put in 1-2 ml of viral transport medium (to preserve viral infectivity), refrigerated at 4⁰C and sent to the laboratory on a cold pack within 48 hours.
Samples that cannot be delivered to the laboratory within 48 hours should be stored and transported at -70⁰C.

Samples should be sent in accordance with the regulations for shipping diagnostic specimens (Packing Instructions 650). This includes marking the outside of the package as “Biological Substance – Category B” and adding a diamond-shaped UN3373 label.