

## 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.)																												
<b>Results</b> <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"/> (H1)pdm09   <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"/> (H1)pdm09 <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.

**RESPIRATORY OUTBREAK DEFINITIONS****INSTITUTIONS/CONGREGATE**

Institutions/congregate settings are defined as:

- A. Acute health care settings defined as general acute care hospital (GACH) or acute psychiatric hospital (APH);
- B. Long-term health care settings defined here as facilities licensed by the California Department of Public Health (CDPH), Licensing and Certification. These include 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); or
- C. Congregate settings where people are admitted, residing, or incarcerated overnight defined as independent living facility, assisted living facility, prison, jail, university dormitory, shelters, overnight camps, drug and alcohol rehabilitation centers, etc.

Respiratory outbreaks in institutions/congregate settings are defined as:

- Influenza outbreak: At least one case of laboratory-confirmed influenza in the setting of a cluster ( $\geq 2$  cases) of influenza-like illness (ILI)\* within a 72-hour period;
- Non-influenza respiratory outbreak of known etiology: At least one case of a laboratory-confirmed respiratory pathogen, other than influenza, in the setting of a cluster ( $\geq 2$  cases) of acute respiratory illness (ARI)<sup>†</sup> within a 72-hour period; or
- Respiratory outbreak of unknown etiology: A sudden increase of ARI cases over the normal background rate in the absence of a known etiology.

\*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. Persons with ILI often have fever or feverishness with cough, chills, headache, myalgia, sore throat, or runny nose. Some persons, such as the elderly, children with neuromuscular disorders, and young infants may have atypical clinical presentations, including the absence of fever.

<sup>†</sup>ARI is defined as an illness characterized by any two of the following: fever, cough, rhinorrhea (runny nose) or nasal congestion, sore throat, or muscle aches.

NOTE: Facilities should also report outbreaks to their respective state licensing authority, if applicable (e.g., the CDPH Licensing and Certification District Office <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx> or the California Department of Social Services' Community Care Licensing Division Adult and Senior Care Program Regional Office <http://www.cdss.ca.gov/inforesources/Senior-Care-Licensing>).

**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**

- Respiratory outbreaks assessed as having public health importance occurring in non-congregate/non-institutional settings (as defined above) (e.g., case(s) that have recent exposure to swine, recent travel to an area where novel influenza is circulating, or contact with a confirmed case of variant or novel influenza; or outbreaks associated with hospitalizations or fatalities).