

**ACUTE RESPIRATORY ILLNESS OUTBREAK FOLLOW-UP**

*\*FAX COMPLETE FORM AND LINE LIST TO WAUKESHA COUNTY HEALTH DEPT:* ***262-896-8387***

*\*PLEASE FAX ANY POSITIVE LAB RESULTS APPLICABLE TO OUTBREAK*

|  |  |
| --- | --- |
| DATE:       | Telephone #:       |
| FACILITY NAME:       | Fax #:       |
| facility address:       | contact person:       |
|  | email:       |

LABORATORY CONFIRMED DIAGNOSIS (INDICATE ALL THAT PERTAIN):

|  |  |  |
| --- | --- | --- |
| [ ]  INFLUENZA A | [ ]  INFLUENZA B | [ ]  PARAINFLUENZA |
| [ ]  ADENOVIRUS | [ ]  RSV | [ ]  HUMAN METAPNEUMOVIRUS |
| [ ]  RHINOVIRUS | [ ]  OTHER (SPECIFY):       |

NAME OF UNIT:

**ONSET DATE OF FIRST RESPIRATORY ILLNESS FOR RESIDENTS:**

**ONSET DATE OF FIRST RESPIRATORY ILLNESS FOR STAFF:**

**ONSET DATE OF LAST RESPIRATORY ILLNESS FOR RESIDENTS:**

**ONSET DATE OF LAST RESPIRATORY ILLNESS FOR STAFF:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NUMBER EXPOSED | NUMBER ILL | NUMBER HOSPITALIZED | NUMBER OF DEATHS |
| RESIDENTS: |       |       |       |       |
|  STAFF:  |       |       |       |       |

NAME OF UNIT:

**ONSET DATE OF FIRST RESPIRATORY ILLNESS FOR RESIDENTS:**

**ONSET DATE OF FIRST RESPIRATORY ILLNESS FOR STAFF:**

**ONSET DATE OF LAST RESPIRATORY ILLNESS FOR RESIDENTS:**

**ONSET DATE OF LAST RESPIRATORY ILLNESS FOR STAFF:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NUMBER EXPOSED | NUMBER ILL | NUMBER HOSPITALIZED | NUMBER OF DEATHS |
| RESIDENTS: |       |       |       |       |
|  STAFF:  |       |       |       |       |

*\*If there are additional units affected, please add an additional page containing that information.*

COMPLETE SECTION BELOW FOR SUSPECTED OR CONFIRMED INFLUENZA OUTBREAKS ONLY.

INFLUENZA PROPHYLAXIS:

|  |
| --- |
| Was an antiviral administered to exposed individuals?:  |
|  If yes, please indicate product:       |
| Number of residents who received antiviral prophylaxis:       |
| Number of staff who received antiviral prophylaxis:       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | TOTAL # AT FACILITY | Total # THAT RECEIVED INFLUENZA VACCINE  | # ILL THAT RECEIVEDINFLUENZA VACCINE |
|  RESIDENTS: |       |       |       |
|  STAFF:  |       |       |       |