**INTAKE FOR ACUTE RESPIRATORY INFECTION IN LTC**

*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: |

|  |  |
| --- | --- |
| tOTAL # OF rESIDENTS: | % vACCINATED FOR FLU: |
| TOTAL # OF STAFF: | % vACCinated FOR flu: |
|  | |
| ARE THERE 3 OR MORE RESIDENTS AND/OR STAFF FROM THE SAME UNIT WITH ILLNESS ONSET WITHIN 72 HOURS OF EACH OTHER WHO HAVE:  Pneumonia?  Acute Respiratory Infection?  Laboratory confirmed viral or bacterial infection (including influenza)? | |
| \*IF NO, THIS CURRENTLY DOES NOT MEET CRITERIA FOR AN OUTBREAK THAT NEEDS TO BE REPORTED AT THIS TIME | |

|  |  |
| --- | --- |
| FOR EACH UNIT AFFECTED, COMPLETE SECTION BELOW: | |
| nAME OF uNIT: |  |
| RESIDENTS ILL on unit:  STAFF ILL on unit: | TOTAL RESIDENTS ON UNIT:  TOTAL STAFF ON UNIT: |
| nAME OF uNIT: |  |
| RESIDENTS ILL on unit:  STAFF ILL ON UNIT: | TOTAL RESIDENTS ON UNIT:  TOTAL STAFF ON UNIT: |
| earliest onset date for residents: | eARLIEST ONSET DATE FOR STAFF: |
| *\*If there are additional units affected, please add an additional page containing that information.* | |

DESCRIPTION OF CLUSTER: (Include symptoms with onset date and testing results/planned):

|  |  |  |  |
| --- | --- | --- | --- |
| FEVER | COUGH | SOB |  |
| NASAL CONGESTION | SORE THROAT | LOW O2 |  |
| INCREASED MUSCLE ACHES | OTHER | LOSS OF TASTE/SMELL |  |

Current control measures: (Check those that are in place/plan to be implemented)  
 Symptomatic residents on Droplet Precautions

Antiviral prophylaxis for non-ill residents and non-vaccinated staff

For affected units: new admissions and visitors restricted

Ill staff excluded

Limit staff from floating between units

Institute and increase cleaning measures per WIDPH guidelines

NOTES:

Are you currently working with a public health contact for any other outbreak?

If yes, what is the name of that contact?        
  
LINks: [STATE GUIDELINES FOR ARI IN LTCf](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.dhs.wisconsin.gov%2Fdph%2Fmemos%2Fcommunicable-diseases%2F2021-13.pdf&data=04%7C01%7Clborisek%40waukeshacounty.gov%7C8e26192db78749b3526708d9e67e5e20%7Ce73e7aacbf234753b33df405529c3fb6%7C0%7C0%7C637794252684969399%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=xG9pH%2F39rV8%2FkV%2BEpG5zq49cZWHCCPG6OZaA2Xzd5SE%3D&reserved=0)