### ACUTE RESPIRATORY ILLNESS OUTBREAK INTAKE FORM

**If completing this form online, fax to the ACD On-Call Nurse at 608-266-4858. For Long-term care facilities located in Dane County only. Call 608-266-4821 if you have questions.**

**Outbreak definition: 3 or more residents and/or staff from the same unit with illness onsets within 72 hours of each other and who have (1) pneumonia OR (2) ARI (at least two fo the following: fever, cough, nasal congestion/runny nose, sore throat, increased muscle aches) OR (3) lab-confirmed viral or bacterial infection (including influenza).**

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| **INITIAL CALLER INFORMATION:** |
| Date of report: |       | Is this a new outbreak? [ ]  Yes [ ]  No |
| Facility name: |       |
| Facility address: |       | City:       Zip:       |
| Facility contact: |       Email:       |
| Facility phone/fax: | Phone:       Fax:       |
| Facility type: |  [ ]  ADCC [ ]  AFH [ ]  CBRF [ ]  NH [ ]  RCAC [ ]  Other:       |

ADCC=adult day care center, AFH= adult family home, CBRF= community based residential facility, RCAC= residential care apartment complex, NH= nursing home

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| **CLINICAL DATA:** |
| **Affected Unit 1:** | **Residents** | **Staff** |
| Entire facility affected [ ]  Yes [ ]  NoIf No, specify unit/wing:       | Number ill:        | Number ill:       |
| Number exposed:        | Number exposed:       |
| Earliest onset date:       | Earliest onset date:       |
| **Affected Unit 2:** | **Residents** | **Staff** |
| Specify unit/wing:       | Number ill:        | Number ill:       |
| Number exposed:        | Number exposed:       |
| Earliest onset date:       | Earliest onset date:       |
| Symptoms: | [ ]  Fever (>2°F over baseline) [ ]  Nasal congestion [ ]  Increased muscle aches [ ]  Cough[ ]  Sore throat [ ]  Other:       |
| Testing: Requested? Results, if available. |       |

**Do you want a public health nurse to call you to consult about this outbreak?** [ ]  Yes [ ]  No

**Other comments:**

(see page 2)

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| **LTCF Checklist** | **PHMDC Checklist** |
| [ ]  Initiate line lists of ill residents and staff  | [ ]  Ensure facility has WI DPH’s “Reporting, Prevention and Control of Acute Respiratory Illness Outbreaks in Long-Term Care Facilities” memo (on PHMDC website) |
| [ ]  Implement droplet and/or contact precautions as appropriate: <http://www.publichealthmadison.com/disease/documents/LTCARIMemo.pdf> |
| [ ]  Submit specimens for testing through residents’ health care providers | [ ]  Refer caller to PHMDC’s LTCF website: <https://www.publichealthmdc.com/health-services/partners-providers> |
| [ ]  Evaluate need to restrict visitors, new admissions, and optional activities in affected units |
| [ ]  Evaluate need for prophylaxis for non-ill residents and staff | [ ]  Complete, initial, and date this form and fax it to the reporting LTCF. This will serve as acknowledgment that the outbreak was reported to PHMDC |
| [ ]  Within two weeks of last case, fax this form, line lists, test results, and [Wisconsin Acute Respiratory Illness Outbreak Follow-up Form](http://www.publichealthmdc.com/disease/documents/ARIoutbreakFollowup.pdf) (PDF) to ACD Admin (fax 608-266-4858) |
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**Date:**      **PHMDC initials:**       **WEDSS ID#:**