### ACUTE RESPIRATORY ILLNESS OUTBREAK INTAKE FORM

If completing this form online, fax to **Communicable Disease Program at 608-266-4858**. For Long-term care facilities located in Dane County only. Please 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 symptoms (at least two of the following: fever, cough, nasal congestion/runny nose, sore throat, increased muscle aches) OR (3) lab-confirmed bacterial or viral infection (including influenza).

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| **INITIAL CALLER INFORMATION:** | | | |
| Date of report: |  | Is this a new outbreak?  Yes  No | |
| Facility name: |  | | |
| Facility address: | Street: | City: | Zip: |
| Facility contact: |  | Email: | |
| Facility phone/fax: | Phone: | Fax: | |
| Unit(s) affected: |  | | |
| 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  No  If 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)  Increased muscle aches  Sore throat | Nasal congestion  Cough  Other: |
| Testing: Requested? Results, if available. |  | |

(see page 2)

Do you want public health staff to call you to consult about this outbreak? Yes  No

Other comments:

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| **LTCF Checklist** | **PHMDC Checklist** |
| Initiate line lists of ill residents and staff | Ensure facility has WI DHS’s “Preventing and Controlling Respiratory Illness Outbreaks in Long-Term Care Facilities and Other Health Care Settings” website |
| Implement droplet and/or contact precautions as appropriate: <https://www.dhs.wisconsin.gov/respiratory/outbreak.htm> |
| 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 |  |
| Two weeks after last case, fax this updated form, line lists, and test results to ACD Admin (fax 608-266-4858) |
| 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 |

**For PHMDC use only**

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| Date: | PHMDC initials: | WEDSS ID#: |