### 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 [ ]  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)[ ]  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#:       |