Public Health
Seattle & King County

Report of Influenza Outbreak in Long Term Care Facility

Instructions for reporting influenza outbreak to Public health	
1. Complete Section I and II at beginning of outbreak. Fax to Public Health	Date Faxed _____/_____/_____
2. Complete Section III at end of outbreak. Fax to Public Health	Date Faxed _____/_____/_____

Section I. Facility Information		
Facility Name:		
Address:		City:
Contact Person:		Title:
Phone:	Fax:	Email:
Facility type (check all that apply): ☐Skilled nursing ☐Rehab/short-stay ☐Assisted Living ☐Independent Living ☐Adult Family Home		
Total # of Residents:	Total # of Staff:	

Section II. Initial Outbreak Summary	
Symptoms: ☐Fever >100°F ☐Cough ☐Sore Throat ☐Nasal Congestion ☐Muscle aches ☐Other_____	
First onset date for residents: ____/____/____	First onset date for staff: ____/____/____
Number symptomatic residents:	Number symptomatic staff:
Emergency Dept Visits: ☐No ☐ Yes ☐How many? _____	
Hospitalizations: ☐No ☐ Yes ☐How many? _____	Number of Deaths:
Influenza testing: ☐No ☐ Yes ☐How many? _____ ☐Results _____	
% residents with influenza vaccine:	% residents with pneumococcal vaccine :
% staff with influenza vaccine:	Date control measures implemented: ____/____/____

Section III. Final Outbreak Summary		
Last onset date for residents:____/____/____	Last onset date for staff: ____/____/____	
Total number symptomatic residents:	Total number symptomatic staff:	
Total number tests: _____ Number positive:_____ Type: ☐Inf A _____ ☐Inf B _____		
Total # Emergency Dept visits:	Total # hospitalizations:	Total # deaths:
% residents with influenza vaccine:	% residents with pneumococcal vaccine :	
% staff with influenza vaccine:	Date control measures stopped: ____/____/____	

Communicable Disease Epidemiology and Immunization Section
401 5th Ave, Suite 1250 Seattle WA 98104
Phone: 206-296-4774 **Fax: 206-296-4803**