



Section of Epidemiology
 3601 C Street, Suite 540
 Anchorage, AK 99503
 Webpage: [Section of Epidemiology, Infectious Disease Program Website](#)

Influenza and SARS-CoV Outbreak Report Form For Skilled Nursing Facilities

Submit this form when an influenza or SARS-CoV outbreak is suspected or confirmed in your facility. Send to Alaska Section of Epidemiology (SOE) via email to InfDisease@alaska.gov or fax **907-563-7868**.

Please continue to submit this report weekly until 14 days have passed with no new cases. If you have any questions regarding the control of influenza or SARS-CoV in your facility, please call the Section of Epidemiology at (907) 269-8000.

The definition of an **Influenza outbreak** is:

- 1 laboratory-confirmed influenza positive case, or
- ≥ 2 suspect cases with **influenza-like illness (ILI)** among residents within 72 hours of each other. ILI is defined as fever (temperature of 100 °F or greater) and cough and/or sore throat

The definition of a **SARS-CoV outbreak** is:

- ≥ 1 facility-acquired SARS-CoV case in a resident, or
- ≥ 3 suspect, probable or confirmed SARS-CoV cases in a Health Care Provider (HCP)

OUTBREAK REPORT (CHECK ONE):

INFLUENZA

SARS-CoV

Facility name: _____

City: _____

Name of reporter: _____

Phone: _____

Email: _____

Fax: _____

Number of residents in facility: _____

Number of staff in facility: _____

RESIDENT OUTBREAK INFORMATION

Date of first positive case: _____

Date of last positive case: _____

Current number positive (active) cases: _____

Total cases (active and recovered): _____

STAFF OUTBREAK INFORMATION

Date of first positive case: _____

Date of last positive case: _____

Current number positive (active) cases: _____

Total cases (active and recovered): _____

Precautions Implemented: (Transmission-based precautions, other infection prevention and control precautions, prophylaxis, etc.)