



Long-Term Care Facility Influenza Outbreak Report Form

Submit this report when an influenza outbreak is suspected or confirmed in your long term care (LTC) facility. Send to Alaska Section of Epidemiology Influenza Surveillance Coordinator by fax (907)563-7868.

The definition of an outbreak is: one laboratory-confirmed influenza positive case or ≥ 2 suspect cases with influenza-like illness among residents within 72 hours of each other. See Resources for Long-Term Care Facilities for Guidance on Management of Outbreaks <http://dhss.alaska.gov/dph/Epi/id/Pages/influenza/fluinfor.aspx>

If you have any questions regarding the control of influenza in your facility please call the Section of Epidemiology at (907) 269-8000. Additional information is available at: <https://www.cdc.gov/flu/professionals/index.htm>

Facility Information	
Facility Name:	City:
Report Date:	

Reporter Information	
Name of Reporter:	Contact Phone:
Email address:	Fax:

Nursing Facility Data	
Skilled Nursing Facility: Yes No	Number of staff:
Onset date of first case(s):	Number of residents in facility:
Number of residents with influenza-like illness:	Number of residents tested for influenza:
Precautions implemented (droplet precautions, isolations, prophylaxis, etc):	

Antivirals and Vaccination	
Treatment with antivirals: Yes No	Prophylaxis with antivirals: Yes No
Antiviral type:	
Estimated influenza vaccination rates of residents and staff: Residents: Staff:	

Influenza-Related Public Health Reporting and Deaths
Any residents laboratory-confirmed with influenza? Yes No If yes, fill out an Infectious Disease Report Form (http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmInfect.pdf) and fax to (907) 561-4239
Any residents with an influenza-associated death? Yes No If yes, fill out an Influenza-Associated Mortality Case Report Form (http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmFluDeath.pdf) and fax to (907) 563-7868 for each resident that has died



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Facility Name:

City:

Date:

Detailed list of residents and employees with influenza-like illness. Employees are designated with an asterisk symbol (*) by their name.

Name: Last, First, M.I.	Age	Unit or Wing	ILI onset date	Influenza test performed (Y/N)	Specimen collection date	Lab test result	Flu vaccination date	Hospitalized (Y/N)	Died (Y/N)