Washington State Department of HEALTH

Fax completed forms to DOH
Communicable Disease Epi
Fax: 206-364-1060

Outbreak Reporting Form - Influenza-like Illness

Date of initial notification to DOH: ___/___/___

Date report sent to DOH: ___/___/___

Form Status: ☐ Preliminary report ☐ Final report

LHJ Cluster #: _____

LHJ Cluster Name: _____

DOH outbreak #: _____

LHJ INFORMATION

Local health jurisdiction (LHJ) _____

Contact person _____

Initial LHJ notification date ___/___/___

Investigation start date ___/___/___

Investigation completion date ___/___/___

REPORTING FACILITY INFORMATION

Facility Name _____

Facility Address _____

Facility City _____ Facility Type _____

Person reporting _____

Title _____

Phone (_____)_____-_____

CASE INFORMATION

Total # symptomatic residents		Total # residents in facility		Date first case became ill: ___/___/___
Total # symptomatic staff		Total # staff in facility		Date last case became ill: ___/___/___

LABORATORY, HOSPITALIZATIONS, DEATHS

Any flu testing? ☐ Yes ☐ No If yes: # tested_____ # pos_____ Type of flu: ☐ A_____ ☐ B_____

Type(s) of flu testing performed _____

Any COVID-19 testing? ☐ Yes ☐ No If yes: # tested_____ # pos_____

Types(s) of COVID-19 testing performed _____

COVID-19 outbreaks in Long-term care facilities are reportable to DOH.

RSV ☐ Yes ☐ No Human metapneumovirus ☐ Yes ☐ No Other: _____

Any hospitalizations? ☐ Yes ☐ No If yes, how many _____

Any deaths? ☐ Yes ☐ No If yes, how many _____

PUBLIC HEALTH ACTIONS TAKEN (check all that apply)

☐ Discussed "Checklist for Controlling Influenza in LTCF"	☐ Yes	☐ No	Date: ___/___/___
☐ Faxed written materials to LTCF administrator (Line List, Checklist, CDC guidance)	☐ Yes	☐ No	Date: ___/___/___
☐ Recommended PEP (influenza only)	☐ Yes	☐ No	Date: ___/___/___
☐ Implemented PEP (influenza only)	☐ Yes	☐ No	Date: ___/___/___

☐ Other_____

☐ Request for DOH assistance

☐ Request for DOH ICAR Consultative Infection Prevention visit

DISCUSSION / CONCLUSION / NOTES

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.