

ACUTE FEBRILE RESPIRATORY ILLNESS AND/OR ACUTE INFECTIOUS PNEUMONIA COMMUNITY-BASED SETTINGS OUTBREAK REPORT FORM

OUTBREAK INFORMATION			
Outbreak classification <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable	Local outbreak tracking number*	First onset date ____/____/____	Last onset date ____/____/____
Pathogen identified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk If yes, specify pathogen	Describe clinical case definition (clinical syndrome) used during the outbreak Identify predominant symptoms experienced by at least half of reported cases: <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Malaise/fatigue <input type="checkbox"/> Chills/Rigor <input type="checkbox"/> Arthralgia / Myalgia <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Other1 _____ <input type="checkbox"/> Other2 _____ <input type="checkbox"/> Other3 _____		
Number of lab-confirmed cases _____	Number of clinical cases _____	Total cases _____	
SETTING INFORMATION			
Setting Type (check all settings where illnesses occurred)			
<input type="checkbox"/> Child day care/pre-school	<input type="checkbox"/> Primary school (K-5)	<input type="checkbox"/> Middle/High School (6-12)	<input type="checkbox"/> College non-dormitory
<input type="checkbox"/> General community	<input type="checkbox"/> Adult day care	<input type="checkbox"/> Other**	
**Describe _____			
If setting type is general community or other, please briefly describe setting, population at risk, area/location of cases, and attack rates, as applicable.			
School or Day Care Facility Name	Facility Contact Name	Facility Contact Number ()	
DEMOGRAPHIC AND CLINICAL INFORMATION FOR CASE-PATIENTS			
Age range: ____ to ____ yrs.	Median age if available: _____	Number (%) Female _____	
Number of patients with fever	Highest temperature recorded ____ °F ____ °C	Number with clinical diagnosis of pneumonia	Number with abnormal chest x-ray
Number hospitalized due to outbreak illness _____		Number died due to outbreak illness _____	
LABORATORY TESTING AMONG ALL PATIENTS (RESIDENTS AND STAFF): Please attach copies of test results, if available			
Type of specimens and tests ordered	No. patients tested	Findings (Count by patient, not by specimens tested)	
EXAMPLE NP Swab, commercial rapid antigen NP Swab, PCR (VRDL)	5 5	1 Influenza A/B non-specific; 4 Negative 3 Influenza B, 2 Negative	
Were any patient specimens tested by: (Check all that apply)			
<input type="checkbox"/> The facility (e.g. bedside commercial rapid antigen) <input type="checkbox"/> A commercial laboratory associated with the facility <input type="checkbox"/> Local public health laboratory <input type="checkbox"/> State public health laboratory <input type="checkbox"/> CDC laboratory <input type="checkbox"/> Other laboratory specify: _____			

*Please use the last 2 digits of current year followed by the jurisdiction-specific 2-digit code followed by a 3-digit sequential number for the outbreak. For example, the first outbreak in 2008 in Orange County would have the outbreak tracking #08-30-001, and their fourth outbreak would be #08-30-004.

CONTROL MEASURE INFORMATION				
	Yes	No	Unk	If yes, describe
1. Isolation/home restrictions for ill persons				
2. For influenza outbreaks, were persons vaccinated against influenza after onset of this outbreak?				
3. Increased education on personal hygiene (respiratory and hand hygiene)				
4. Environmental controls				
5. Other measures (1)				
6. Other measures (2)				
7. Other measures (3)				
EPIDEMIOLOGIC AND EXPOSURE INFORMATION				
Identify and describe those factors that contributed to the outbreak including infection of the index patient (as applicable)				
	Yes	No	Unk	If yes, describe
1. Close contact with another lab-confirmed case				
2. Travel related				
3. Animal exposure				
4. Other environmental (non-animal) exposure				
5. Other risk factor (1)				
6. Other risk factor (2)				
7. Other risk factor (3)				
ADDITIONAL INFORMATION: If available, please attach a facility map, epidemic curve (graph of outbreak cases by time), laboratory results and a summary of the local investigation (if completed). If no summary exists, please provide any other important details and descriptions below.				
Comments / Remarks:				
Attachments / Reports:				
REPORTING AGENCY				
Investigator Name	Local Health Jurisdiction		Telephone Number ()	
Facility Report Date	Date Investigation Closed		Date Submitted to State	
OUTBREAK DEFINITION (CDPH 2007)				
<p>This form should be used to report outbreaks of acute febrile respiratory illness or acute infectious pneumonia in community settings. For the purposes of this form, an outbreak is distinguished from epidemic acute febrile respiratory illness in that there must be, in the judgment of local health authorities, a likely common source between cases or reasonably identifiable chain of transmission. For example, do not report elevated levels of community-acquired pneumonia during the influenza season but do report several cases of pneumonia in a single grade school occurring in a one week period.</p> <p>Acute febrile respiratory illness is defined as fever $\geq 37.8^{\circ}\text{C}$ (100°F) and new or worsening cough or shortness of breath or sore throat.</p> <p>Acute infectious pneumonia is defined as clinical symptomatology and new abnormal chest radiograph consistent with pneumonia of infectious etiology that is not likely attributable to aspiration.</p> <p>An outbreak is defined as a grouping of cases within temporal and spatial proximity with a likely common source association between cases or reasonably identifiable chain of transmission. This form is NOT intended to report general epidemic acute respiratory disease defined as an increase in cases within temporal or spatial proximity in excess of an established baseline rate and no identifiable chain of transmission (e.g., do not use this form to report elevated levels of ILI or community acquired pneumonia during the influenza season in the general community).</p>				