



Influenza - Like Illness (ILI) Outbreak Summary Report Form

To be completed by MHO or designate when outbreak is declared over.

NOTE: COMPLETE FOR ALL CLUSTERS MEETING ILI DEFINITION BELOW THAT, IN YOUR OPINION, CONSTITUTE AN OUTBREAK- REGARDLESS OF WHETHER OR NOT A CAUSATIVE ORGANISM HAS BEEN IDENTIFIED AND REGARDLESS OF WHAT THAT ORGANISM MAY BE.

ILI: Acute onset of respiratory illness with fever and cough and with one or more of the following - sore throat, arthralgia, myalgia, or prostration which *could* be due to influenza virus. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.

Schools and work sites: greater than 10% absenteeism on any day, most likely due to ILI.

Residential institutions (Facility): two or more cases of ILI within a seven-day period.

Name of Institution: _____ **City:** _____
Health Authority: _____ **Phone #:** (____) _____ **Reporting Staff:** _____
Date of first ILI report: ____/____/____
(DD/MM/YY)

✓ **Type of Institution:**

- School % absenteeism: _____
- Worksite % absenteeism: _____
- Facility Attack Rate: _____
- Other: _____ % absenteeism _____

✓ **Management** (for facility outbreaks):

- Update Immunization: Yes No
- If yes, specify: _____
- Use of Amantadine: Yes No

✓ **Summary of Cases:**

Date of onset of first case: ____/____/____
(DD/MM/YY)

Age Range: _____ (years)

Total # of occupants: _____
 # of occupants with ILI: _____
 Total # of occupants immunized*: _____
 # of immunized* occupants with ILI: _____

Total # of staff: _____
 # of staff with ILI: _____
 Total # of staff immunized*: _____
 # of immunized* staff with ILI: _____

✓ **Predominant Symptoms:**

- Fever Chills Sore throat
- Cough Arthralgia Myalgia
- Prostration Shortness of Breath
- Others: _____

Average Duration of symptoms: _____ days

Causative Organism & Type: _____
or Not Identified

✓ **Outcome:**

Date of onset of last case: ____/____/____
(DD/MM/YY)

Outbreak declared over: ____/____/____
(DD/MM/YY)

Total # cases hospitalized:
Occupants _____ Staff _____

Immunized* cases hospitalized:
Occupants _____ Staff _____

Deaths:
Occupants _____ Staff _____

Immunized* cases who died:
Occupants _____ Staff _____

Number of Cases with Complications:
Pneumonia:
Occupants _____ Staff _____

Cardiac arrest:
Occupants _____ Staff _____

Other: _____
Occupants _____ Staff _____

*Refers to influenza immunization this season