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.

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**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 ___

☐ **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

☐ **Management** (for facility outbreaks):
   - Update Immunization: ☐ Yes  ☐ No
     If yes, specify: ______________________
   - Use of Amantadine: ☐ Yes  ☐ No

**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 _____

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*Refers to influenza immunization this season

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