



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

**IDPH INFLUENZA OUTBREAK REPORT FORM FOR CONGREGATE SETTINGS**  
**(e.g. Long Term Care & Correctional Facilities)**

Fax, along with the Outbreak Log, to your Local Public Health Department to report an outbreak

<b>Facility Name</b>		
<b>Name of Reporter</b>		<b>Title:</b>
<b>Date of Report</b>		
<b>Address:</b>		
<b>City</b>	<b>County</b>	<b>Zip</b>
<b>Phone #</b>		<b>Fax #</b>
<b>FACILITY INFORMATION</b>		
<b>Total # of residents in the facility at the time of the outbreak (total exposed):</b> _____		<b>Total number of staff:</b> _____
<b>Number of residents in the facility currently with influenza-like illness (ILI):</b> _____		<b>Number of staff currently with ILI:</b> _____
		<b>% of residents vaccinated with seasonal flu vaccine:</b> _____
		<b>% of staff vaccinated with seasonal flu vaccine:</b> _____
		<b>% of outbreak cases vaccinated with flu vaccine:</b> _____
----- <b>(ILI) [Fever &gt;100° F [37.8° C] or higher orally AND new onset cough or sore throat]</b> -----		
<b>(for those with ILI)</b>		
<b># Seen by Provider</b> _____	<b># Hospitalized</b> _____	<b># Fatalities</b> _____
<b>Date of symptom/onset detection for the first case of ILI during the outbreak:</b>		<b>Dates of onset for most recent case of ILI during the outbreak:</b>
<b>Type of setting:</b> <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Long-Term Care Facility <input type="checkbox"/> Group Home <input type="checkbox"/> Other _____		
<b>If long-term care facility, please specify (check only one):</b> <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Assisted Living <input type="checkbox"/> Combined Care <input type="checkbox"/> Other _____		
<b>Have specimens been sent to a laboratory for confirmation of influenza:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If Yes, names of laboratories:</b> _____		
<b>Influenza test results to date:</b>		<b>Infection Control Actions Planned:</b>
<b>Name of test:</b>		
<b>Number of positive tests (Include type/subtype):</b>		
<b>Number of negative tests:</b>		

Thank you for your assistance with influenza surveillance in Illinois.  
 Contact your local health department, or IDPH Communicable Disease Section 217-782-2016  
 (After hours: 1-800-782-7860 or 1-217-782-7860) if you have questions.