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## Influenza Surveillance for Congregate Setting Outbreak Log

Suspect outbreaks should be investigated and tested to confirm the etiology. Suspect outbreaks should be reported to your local health department
who will then report confirmed influenza outbreaks in the Outbreak Reporting System (ORS) to IDPH.

Facility Name: \_\_\_\_\_

## List all ill residents and employees. Designate employees with an "E" by their names.

Name	DOB	Unit or Wing	Onset Date	Symptoms/ Signs*	Influenza Specimen Collection Date	Lab Result	Seasonal Flu Vaccine Date	Hospitalized (Y/N)	Died (Y/N)

<sup>\*</sup> Symptoms/Signs: e.g. cough(C), fever (F), sore throat (ST), or Other (O) {list: i.e., chills (CH), pneumonia (P), myalgias (M)}



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## **Employee Influenza Vaccination Tracking Form**

This form can be used to track employee influenza vaccination status

Date	Last Name	First Name	Unit/Floor/Dept	Date Vaccine Received	Declined Vaccine (Y or N)	Declination Form Signed (Y or N)	Educational Information Received (Y or N)	Date Educational Information Received
								ACHEWER OWNER