

Influenza Outbreak Report Form

Any outbreak (one confirmed case of influenza or two or more cases of influenza like illness [fever >100° with cough and/or sore throat]) must be reported to Spokane Regional Health District Epidemiology at 324.1442. Please complete this form daily – provide the facility specifics for the first submission and then add the new information as needed, for the duration of the outbreak. **Please fax to 324.3623.**

Facility Name:										
Address:										
Email:										
Phone:		Fax:								
Contact Person:		Title:								
Total number in facility:				Residents		Staff		Total Licensed Beds		
How many vaccinated with pneumococcal vaccine?										
How many vaccinated for influenza?										
Outbreak date of onset:										
Update this section and fax to SRHD daily (Continue on Page 2 – Daily updates sheet, if necessary)	Staff			Residents					Comments	
	Date	Number new ill	Number ill currently	Total ill since start of outbreak	Number new ill	Number ill currently	Total ill since start of outbreak	Total hospitalized since start of outbreak		Total deaths since start of outbreak
Positive Influenza Test Results										
Name (last, first)				Date of birth	Onset of illness	Flu Vaccine? (Y/N) / Date		Collection date	Lab	Type & Subtype

