### ACUTE RESPIRATORY ILLNESS OUTBREAK INTAKE FORM

**If completing this form online, fax to the ACD On-Call Nurse at 608-266-4858. For Long-term care facilities located in Dane County only. Call 608-266-4821 if you have questions.**

**Outbreak definition: 3 or more residents and/or staff from the same unit with illness onsets within 72 hours of each other and who have (1) pneumonia OR (2) ARI (at least two fo the following: fever, cough, nasal congestion/runny nose, sore throat, increased muscle aches) OR (3) lab-confirmed viral or bacterial infection (including influenza).**

|  |  |  |
| --- | --- | --- |
| **INITIAL CALLER INFORMATION:** | | |
| Date of report: |  | Is this a new outbreak?  Yes  No |
| Facility name: |  | |
| Facility address: |  | City:       Zip: |
| Facility contact: | Email: | |
| Facility phone/fax: | Phone:       Fax: | |
| Facility type: | ADCC  AFH  CBRF  NH  RCAC  Other: | |

ADCC=adult day care center, AFH= adult family home, CBRF= community based residential facility, RCAC= residential care apartment complex, NH= nursing home

|  |  |  |
| --- | --- | --- |
| **CLINICAL DATA:** | | |
| **Affected Unit 1:** | **Residents** | **Staff** |
| Entire facility affected  Yes  No  If No, specify unit/wing: | Number ill: | Number ill: |
| Number exposed: | Number exposed: |
| Earliest onset date: | Earliest onset date: |
| **Affected Unit 2:** | **Residents** | **Staff** |
| Specify unit/wing: | Number ill: | Number ill: |
| Number exposed: | Number exposed: |
| Earliest onset date: | Earliest onset date: |
| Symptoms: | Fever (>2°F over baseline)  Nasal congestion  Increased muscle aches  Cough  Sore throat  Other: | |
| Testing: Requested? Results, if available. |  | |

**Do you want a public health nurse to call you to consult about this outbreak?**  Yes  No

**Other comments:**

(see page 2)

|  |  |
| --- | --- |
| **LTCF Checklist** | **PHMDC Checklist** |
| Initiate line lists of ill residents and staff | Ensure facility has WI DPH’s “Reporting, Prevention and Control of Acute Respiratory Illness Outbreaks in Long-Term Care Facilities” memo (on PHMDC website) |
| Implement droplet and/or contact precautions as appropriate: <http://www.publichealthmadison.com/disease/documents/LTCARIMemo.pdf> |
| Submit specimens for testing through residents’ health care providers | Refer caller to PHMDC’s LTCF website:  <https://www.publichealthmdc.com/health-services/partners-providers> |
| Evaluate need to restrict visitors, new admissions, and optional activities in affected units |
| Evaluate need for prophylaxis for non-ill residents and staff | Complete, initial, and date this form and fax it to the reporting LTCF. This will serve as acknowledgment that the outbreak was reported to PHMDC |
| Within two weeks of last case, fax this form, line lists, test results, and [Wisconsin Acute Respiratory Illness Outbreak Follow-up Form](http://www.publichealthmdc.com/disease/documents/ARIoutbreakFollowup.pdf) (PDF) to ACD Admin (fax 608-266-4858) |
|  |

**Date:**      **PHMDC initials:**       **WEDSS ID#:**