Influenza-Like Illness (ILI) Outbreak Summary Report Form

Please complete and email to: VCHFacilityOutbreakBulletin2@vch.ca and ilioutbreak@bccdc.ca

Note: This form is for provincial surveillance purposes. Please notify your local health unit per local guidelines/requirements.

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 site outbreak:** greater than 10% absenteeism on any day, most likely due to ILI. **Residential institutions (facilities) outbreak**: two or more cases of ILI within a seven-day period.

| Λ | Reporting Information | | | | |
|---|--|--|---------------|---------------------|--|
| A | Person Reporting: | | Title: | | |
| | Contact Phone: | Email: | | | |
| | Health Authority: | HSDA: | | | |
| | Full Facility Name: | | | | |
| | Is this report: | First Notification (complete section B below; section D if available) | | | |
| | | Outbreak Over (complete section C and section D below) | | | |
| | Report Date (dd/mn | Report Date (dd/mm/yyyy): | | | |
| | | | | | |
| D | First Notification | | | | |
| D | Type of facility*: | Long Term Care Facilities, | Nursing Homes | Acute Care Facility | |
| | | Other Setting: | | | |
| | If ward or wing, please specify name/number: | | | | |
| | Date of onset of first case of ILI (dd/mm/yyyy): | | | | |
| | Date of onset of first case of fill (dd/fiffi/yyyy). Date outbreak declared (dd/mm/yyyy): | | | | |
| | *Long Term Care Facilities, Nursing Homes: Facilities that provide living accommodation for people who require on-site delivery of 24 hour, 7 days a week supervised care, including professional | | | | |
| | health services, personal care and servic management under provincial legislation; | onal care and services such as meals, laundry and housekeeping or other residential care facilities where provincial/territorial public health is responsible for outbreak rovincial legislation; Acute Care Facility: Publicly funded facilities providing medical and/or surgical treatment and acute nursing care for sick or injured people, through . hospitals including inpatient rehabilitation and mental facilities; Detre Setting: Any locations not otherwise specified here in which outbreaks of influenza or LL may occur | | | |
| | (e.g. retirement homes, assisted living or hospice settings, private hospitals/clinics, correctional facilities, colleges/universities, adult education centres, shelters, group homes, and workplaces). | | | | |
| | Outbreak Declare | ed Over | | | |
| C | Date of onset for last case of ILI (dd/mm/yyyy): Date outbreak declared over (dd/mm/yyyy): | | | | |
| | | | | | |
| | | | Residents | | |
| | | Numbers to date Total | Residents | _ | |
| | - | With ILI | | _ | |
| | - | Hospitalized* | | - | |
| | | Died* | | - | |
| | * | suspected to be linked to case of ILI | | | |
| | Laboratory Inform | nation | | | |
| D | Specimen(s) submitted? Yes (location:) No Don't know | | | | |
| | If yes, organism identified? Yes No Don't know | | | | |
| | Please specify organism/subtype: Influenza A (subtype:) Influenza B | | | | |
| | Parainfluenza | Entero/rhinovirus | Coronavirus | RSV | |
| | HMPV | Adenovirus | Other: | - | |