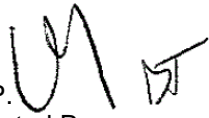


**LOS ANGELES COUNTY – DEPARTMENT OF PUBLIC HEALTH
ACUTE COMMUNICABLE DISEASE CONTROL PROGRAM**

October 31, 2013

TO: Area Health Officers
Area Medical Directors
Nurse Managers

FROM: Laurene Mascola, M.D., M.P.H., F.A.A.P. 
Chief, Acute Communicable Disease Control Program

SUBJECT: RESPIRATORY OUTBREAK AND INFLUENZA B-73 ANNOUNCEMENT

The Acute Communicable Disease Control Program (ACDC) has recently updated two chapters to the Los Angeles County Department of Public Health [Communicable Disease Control Manual \(B-73\)](#): Respiratory Disease Outbreaks and Influenza. The following are highlights of changes and issues for closer consideration:

- All respiratory disease outbreaks should be initially reported as **respiratory outbreaks (unknown)** until laboratory testing confirms the etiology. The initial forms for beginning the investigation are the same as those used for reporting influenza outbreaks.
- Because we know influenza outbreaks are underreported, and to encourage staff to obtain nasopharyngeal (NP) specimens for confirmation, a respiratory outbreak can be classified as an influenza outbreak with **one laboratory confirmed case of influenza**.
- A cluster or outbreak in a congregate-living facility (e.g., jail, juvenile hall, camps, assisted living centers) is defined as **three or more** cases of suspected influenza occurring within 48 to 72 hours in residents who are in close proximity to each other (i.e., in the same area of the facility).
- A cluster or outbreak in schools and daycare centers (i.e., community-based) is defined as a sudden increase of influenza cases over the normal background rate or **5 or more cases** of suspected influenza in one week in an epidemiologically linked group (such as a sports team, single classroom, after school group).
- **One case of confirmed influenza** by any testing method in a skilled nursing facility resident is to be considered an outbreak (until proven otherwise) and should prompt enhanced infection control and surveillance for other cases.
- Since 2010 in Los Angeles County (LAC), confirmed influenza fatalities of any age are reportable. There are two new forms for the reporting of fatal influenza cases. For pediatric fatalities: [Influenza-Associated Pediatric Mortality Case Report \(CDC 8/13/2014\)](#). And for adults: (18 years and older) [Influenza Fatality Case Report Form \(acd-influ 9/13\)](#).

Because we are already receiving reports of influenza cases and respiratory outbreaks, it is critical that you review these new guidelines with your staff and ensure their understanding and preparedness as soon as possible. Our last influenza season in LAC was fairly severe with 50 reported community outbreaks illustrating that respiratory diseases can produce a serious impact even during non-pandemic years. Educational materials to encourage vaccination, effective respiratory hygiene and to inform the public about influenza are available on our website at: <http://publichealth.lacounty.gov/acd/HealthEdFlu.htm>

For further questions regarding reporting and investigating respiratory disease outbreaks, please contact Wendy Manuel, M.P.H., Epidemiology Analyst of ACDC at (213) 240-7941.

LM:SR:sn

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Attachments

c: Wendy Manuel, M.P.H.
Sadina Reynaldo, Ph.D.



INFLUENZA (Select Individual Cases and Outbreaks)

(also see Respiratory Disease Outbreaks)

Note: Suspected influenza outbreaks should be initially reported as respiratory outbreaks (unknown) until laboratory testing confirms influenza as the etiology.

1. **Agent:** Influenza viruses. Only influenza A and B are of public health concern since they are responsible for epidemics.
2. **Identification:**
 - a. **Symptoms:** New acute onset of fever >100°F (38°C), non-productive cough, sore throat, chills, headache, myalgia, and malaise. Can sometimes also cause gastrointestinal (GI) symptoms. Duration is 2-4 days in uncomplicated cases, with recovery usually in 5-7 days. Infection with non-human strains of influenza such as avian influenza viruses theoretically may cause other illness, such as conjunctivitis, gastroenteritis or hepatitis.
 - b. **Differential Diagnosis:** Other agents that cause febrile respiratory illnesses or community acquired pneumonia including, but not limited to *Mycoplasma pneumoniae*, adenovirus, respiratory syncytial virus, rhinovirus, parainfluenza viruses, *Legionella* spp, and coronavirus.
 - c. **Diagnosis:** Confirmed by viral isolation, PCR, rapid antigen test, or a DFA/IFA test, and compatible symptoms.
3. **Incubation:** 1-4 days; average 2 days.
4. **Reservoir:** Humans, swine, and migratory birds.
5. **Source:** Mostly droplet spread by nasal or pharyngeal secretions and sometimes fomites.
6. **Transmission:** Large droplet spread from infective persons or sometimes contaminated fomites. Airborne spread possible, but unlikely.
7. **Communicability:** People infected with flu shed virus and may be able to infect others from 1 day before getting sick to 5 to 7 days

after. This can be longer in some people, particularly and people with weakened immune systems

8. **Specific Treatment:** Supportive care (e.g., rest, antipyretics, fluids, etc.). Antiviral medications may reduce the severity and duration of influenza illness if administered within 48 hours of onset. These same medications may be useful for hospitalized patients or those who are immunocompromised or if vaccine does not cover circulating strain.

Streptococcal and staphylococcal pneumonias are the most common secondary complications and should be treated with appropriate antibiotics.
9. **Immunity:** Permanent for a specific strain.

REPORTING PROCEDURES

1. Outbreaks reportable:

Under Title 17, Section 2500, *California Code of Regulations* all suspected outbreaks are reportable.

Note: Suspected influenza outbreaks should be initially reported as respiratory outbreaks (unknown) until laboratory testing confirms influenza as the etiology.

A cluster or outbreak in a congregate-living facility (e.g., jail, juvenile hall, camps, assisted living centers) is defined as **three or more** cases of suspected influenza occurring within 48 to 72 hours in residents who are in close proximity to each other (i.e., in the same area of the facility).

A cluster or outbreak in schools and daycare centers (i.e., community-based) is defined as a sudden increase of influenza cases over the normal background rate or **5 or more cases** of suspected influenza in one week in an epidemiologically linked group (such as a sports team, single classroom, after school group).



Special Situations: **One case of confirmed influenza** by any testing method in a skilled nursing facility resident is to be considered an outbreak (until proven otherwise) and should prompt enhanced surveillance for other cases.

2. **Single cases reportable.**

- a. Under Title 17, Section 2500, California Code of Regulations, all cases due to “novel” influenza A (for example due to avian or swine influenza) are reportable.
- b. In Los Angeles County, influenza associated deaths at *any* age are reportable. Influenza-associated deaths must have had: 1) confirmed influenza by laboratory testing; and 2) a clinical syndrome consistent with influenza or complications of influenza (pneumonia, ARDS, apnea, cardio-pulmonary arrest, myocarditis, Reye syndrome or acute CNS symptoms (e.g., seizures, encephalitis). These Los Angeles County specific reporting requirements may change as circumstances change.

3. **Report Forms: SEE TABLE 1**

- a. Use the following forms for outbreaks at various settings:
 - i. **Non-healthcare facility**
For initial report of influenza outbreaks:

[INITIAL ASSESSMENT OF RESPIRATORY OUTBREAK REPORT](#)

For final report of an influenza outbreak (if outbreak continues after initial report has been filed):

[Sample Line List-Non-Healthcare Facility for Students, Staff or Residents](#)

[FINAL ACUTE FEBRILE RESPIRATORY ILLNESS OUTBREAK REPORT FORM \(CDPH 9003 3/12\)](#)
 - ii. **Sub-acute healthcare facility**
For initial and final reports of influenza outbreaks:

[CD OUTBREAK INVESTIGATION — SUB-ACUTE HEALTH CARE FACILITY \(H-1164-SubAcute, fillable\)](#)

For final report of a respiratory outbreak (if outbreak continues after initial report has been filed):

[Sample Line List - Respiratory Outbreak Line List for Residents and Staff](#)

[FINAL ACUTE FEBRILE RESPIRATORY ILLNESS OUTBREAK REPORT FORM \(CDPH 9003 3/12\)](#)

- b. Use the following forms to report single cases of fatal influenza:

For pediatric fatalities:

[INFLUENZA-ASSOCIATED PEDIATRIC MORTALITY CASE REPORT \(CDC 8/13/2014\)](#)

For adults (18 years and older):

[INFLUENZA FATALITY CASE REPORT FORM \(acdc-influ 9/13\)](#)

4. **Epidemiologic Data for Outbreaks:**

- a. Establish a case definition (i.e., fever [measured or reported] and either cough, sore throat, or stuffy nose): include pertinent clinical symptoms and laboratory data (if appropriate).
- b. Confirm etiology of outbreak using laboratory data (rapid test, culture, or PCR). **At least 1 patient must have tested positive for influenza in an outbreak to call it an “influenza” outbreak.** Otherwise call it a “respiratory outbreak of unknown origin.”
- c. Create a line list that could include:
 - i. names of cases
 - ii. dates of onset
 - iii. symptoms
 - iv. age
 - v. hospitalization status
 - vi. results of laboratory tests
 - vii. prior immunization history
 - viii. travel history, if relevant



- ix. epi links to other cases (room #s, grades in school, etc)
 - x. avian or swine exposure, if relevant
- d. Create an epi-curve, by date of onset. Only put those that meet the case definition on the epi-curve.
- e. Maintain surveillance for new cases until rate of influenza is down to “normal” or no new cases for 1 week.
- f. **Note:** At least 1 patient must have tested positive for influenza in an outbreak to call it an “influenza” outbreak. Otherwise call it a “respiratory outbreak of unknown origin.”

CONTROL OF CASE, CONTACTS & CARRIERS

CASE:

Precautions: None. Advise patients to stay away from work, schools, camps, and mass gatherings for at least 24 hours after resolution of fever. Limit exposure to others, especially those at high risk for complications.

Advise cases who work in health care settings not to return to work until 7 days after symptom onset or 24 hours after resolution of symptoms, whichever is longer.

As of 2010, there are two FDA approved drugs for the prevention and treatment of influenza A and B: **oseltamivir** (Tamiflu®) and **zanamivir** (Relenza®). Possible antiviral resistance should be considered before prescribing antivirals.

To follow current recommendations for treatment and prevention of influenza or for additional information about the use of antivirals for treatment and prophylaxis see:

<http://www.cdc.gov/flu/antivirals/index.htm>

CONTACTS: No restrictions.

Prophylaxis with appropriate antiviral medication during outbreaks is advised for high-risk patients who have not been vaccinated or when the vaccine is of questionable efficacy.

CARRIERS: Not applicable.

GENERAL CONTROL RECOMMENDATIONS FOR OUTBREAKS

1. Reinforce good hand hygiene among all (including visitors, staff, and residents/students).
2. Emphasize respiratory etiquette (cover cough and sneezes, dispose of tissues properly).
3. Reinforce staying home when sick.
4. Provide posters and health education about hand hygiene and respiratory etiquette.
5. Discourage sharing water bottles.
6. Emphasize importance of early detection of cases and removing them from contact with others.
7. Encourage standard environmental cleaning with EPA registered disinfectant appropriate for influenza viruses.
8. Consider isolation and/or cohorting and/or quarantine for congregate-living facilities.
9. Consider canceling group activities.
10. Consider using influenza vaccine to control situation (consult with ACDC).
11. Consider post-exposure prophylaxis with antiviral medications for high-risk contacts (consult with ACDC).
12. Provide educational materials to facility-including posters, handouts, etc. Go to this website to order influenza and respiratory virus health education:
<http://publichealth.lacounty.gov/acd/HealthEdFlu.htm>

Note: The decision on what antiviral to use needs to be made on a case by case basis, depending on the strain of influenza causing the outbreak.

Consider the additional recommendations for congregate-living facilities, especially with high risk patients:

1. Close facility or affected areas to new admissions until 1 week after last case.
2. Suspend group activities until 1 week after last case.
3. If possible, separate staff that cares for sick from staff that cares for well patients.
4. Institute droplet precautions for symptomatic patients.
5. Refer to California Department of Public Health, [Recommendations for the](#)



[Prevention and Control of Influenza in California Long-Term Care Facilities.](#)

6. Strongly consider using antiviral post-exposure prophylaxis or vaccine to control outbreak (consult with ACDC or AMD).

Note: The decision on what antiviral to use needs to be made on a case by case basis, depending on the strain of influenza causing the outbreak.

DIAGNOSTIC PROCEDURES

Clinical and epidemiologic histories are required to aid in laboratory test selection.

Nasopharyngeal (NP) or nasal swab, and nasal wash or aspirate. PHL recommends Dacron or Nylon flocked swabs, do NOT use wooden swabs. NP swabs are preferred because the specimens can be tested for influenza and a variety of other respiratory pathogens using PCR based technology. All other specimens can only be tested for influenza. Samples should be collected within the first 4 days of illness. Collect specimens from **at least 2 separate symptomatic individuals** and up to 5 symptomatic individuals for any community-based outbreak and select those individuals with the most recent onset for specimen collection.

1. Diagnostic tests available for influenza include viral culture, serology, rapid antigen testing, polymerase chain reaction (PCR), and immunofluorescence assays
2. **NOTE:** Culture should not be attempted when avian influenza is suspected. Contact Public Health Laboratory (PHL) or ACDC for instructions.

Container: Viral Culturette with M4 viral transport medium.

Laboratory Form: [Reference Examination for Influenza A, B and/or Other Respiratory Viruses](#) or online request if electronically linked to the PHL.

Examination: Testing algorithm is determined by the PHL.

Material: Nasopharyngeal swab preferred; nasal swab can be used if necessary. See

And: [Los Angeles County Department of Public Health Standardized Nursing Procedures: NP Competency Checklist \(5/6/2009\).](#)

Storage: Keep refrigerated and upright. Deliver to PHL as soon as possible.

PREVENTION/EDUCATION

1. All persons >6 months are recommended to receive an annual influenza vaccine.
2. Practice good personal hygiene, avoid symptomatic persons during outbreaks, and do not go to work or school when ill with a respiratory disease.
3. Do not give aspirin to children with influenza and other viral illnesses.
4. Postpone elective hospital admissions during epidemic periods, as beds may be needed for the ill.
5. Sick visitors and staff should not be allowed in the facility.

ADDITIONAL RESOURCES

Additional information on the control of influenza during outbreaks, especially in healthcare facilities:

[CDC. Infection Control for the Prevention and Control of Influenza in Health Care Facilities.](#)

California Department of Public Health. [Recommendations for the Prevention and Control of Influenza in California Long-Term Care Facilities.](#)

Hospital Association of Southern California. [Recommended Management Actions to Prepare Hospitals for Overflow Situations 2006-2007 Winter Season](#)

LAC. [Acute Communicable Disease Control Program.](#)



Seasonal Influenza in Adults and Children—Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management: Clinical Practice Guidelines of the Infectious Diseases Society of America. [Clinical Infectious Diseases](#) 2009; 48:1003–32.

AVIAN INFLUENZA

Avian flu refers to the disease caused by infection with avian (bird) influenza (flu) Type A viruses. These viruses occur naturally among wild aquatic birds worldwide and can infect domestic poultry and other bird and animal species. Avian flu viruses do not normally infect humans. However, sporadic human infections with avian flu viruses, including H5N1 and H7N9, have occurred.

For more information about avian influenza, visit: <http://www.cdc.gov/flu/avianflu>

SWINE INFLUENZA

Swine flu refers to the disease caused by infection with swine (pig) influenza (flu) Type A viruses. These viruses occur naturally among domesticated swine. Swine flu viruses do not normally infect humans but secondary human infections may occur from time to time. When it occurs, the strain of influenza is called “variant” to identify that it is not a “normal” human virus. However pigs can be infected with swine, avian, and human viruses at the same time. When this occurs, genes may be swapped between the different types of viruses resulting in the development of a new viral strain that is easily transmitted between humans. This occurred in 2009 with the development of the 2009 pandemic H1N1.

For more information about swine influenza see <http://www.cdc.gov/flu/swineflu/>



TABLE 1. RESPIRATORY DISEASE OUTBREAK FORMS

NON-HEALTHCARE FACILITY	INITIAL REPORT	FINAL REPORT
<ul style="list-style-type: none"> ○ Congregate-Living (e.g., jail, juvenile hall, camps, assisted living center) ○ Community-Based (e.g., school, daycare center) 	<p><u>INITIAL ASSESSMENT OF RESPIRATORY OUTBREAK REPORT</u></p>	<p><u>ACUTE FEBRILE RESPIRATORY ILLNESS OUTBREAK REPORT FORM (CDPH 9003 3/12)</u></p> <p><u>Line List - Respiratory Outbreak Line List for Students, Staff, or Residents</u></p>
SUB-ACUTE HEALTHCARE FACILITY	INITIAL REPORT	FINAL REPORT
<ul style="list-style-type: none"> ○ Skilled nursing facility ○ Intermediate care facility ○ Psychiatric facility 	<p><u>CD OUTBREAK INVESTIGATION — SUB-ACUTE HEALTH CARE FACILITY (H-1164-SubAcute, fillable)</u></p>	<p><u>ACUTE FEBRILE RESPIRATORY ILLNESS OUTBREAK REPORT FORM (CDPH 9003 3/12)</u></p> <p><u>Line List - Respiratory Outbreak Line List for Residents and Staff</u></p> <p><u>CD OUTBREAK INVESTIGATION — SUB-ACUTE HEALTH CARE FACILITY (H-1164-SubAcute, fillable)</u></p>



RESPIRATORY DISEASE OUTBREAKS

(See [Influenza](#), [Pertussis](#), or [Legionellosis](#) if suspected)

Note: Respiratory outbreaks should be initially reported as respiratory outbreaks (unknown) until laboratory testing confirms the etiology. Forms are the same as those used for reporting influenza outbreaks, however until one case of a lab confirmed pathogen is identified, outbreaks should be reported as general respiratory outbreak unknown.

1. **Agents:** Influenza viruses, *Mycoplasma pneumoniae*, adenovirus, respiratory syncytial virus, rhinovirus, parainfluenza viruses, *Legionella* spp., group A streptococcus, human metapneumovirus, and coronavirus. For more information on [influenza](#), [pertussis](#), or [legionellosis](#) see the appropriate chapter.

2. Identification:

a. **Acute febrile respiratory infection (AFRI)** is defined as any illness with a new acute onset of fever of at least 100°F accompanied by a cough or a sore throat.

b. **Symptoms:** Fever, upper or lower respiratory congestion, non-productive cough, sore throat, chills, headache, myalgia, malaise, and sometimes gastrointestinal (GI) symptoms. Duration and recovery vary with agent. Infection with non-human strains of influenza such as avian influenza viruses theoretically may cause other illness, such as gastroenteritis or hepatitis.

c. **Differential Diagnosis:** Agents that cause febrile respiratory illnesses or community acquired pneumonia including but are not limited to influenza, *Mycoplasma pneumoniae*, adenovirus, respiratory syncytial virus, rhinoviruses, parainfluenza viruses, *Legionella* spp., group A streptococcus, human metapneumovirus, and coronavirus. For more information on [influenza](#), [pertussis](#), or [legionellosis](#) see the appropriate chapter.

d. **Diagnosis:** Clinical syndrome associated with community outbreaks, confirmed by

viral culture, PCR, rapid antigen test, DFA/IFA test, or other test.

3. **Incubation:** Varies with agent. Bacterial infections generally have longer incubation times than viral infections.

4. **Reservoir:** Varies with agent; mostly human.

5. **Source:** Mostly droplet spread by nasal or pharyngeal secretions and sometimes fomites.

6. **Transmission:** Droplet spread or contaminated fomites from infective persons.

7. **Communicability:** Varies with agent. On average, up to 2 days prior to and through 1 day after resolution of fever; may be longer in children or in patients with compromised immune systems.

8. **Specific Treatment:** Supportive care (e.g., rest, antipyretics, fluids, etc.). Bacterial infections require antibiotic treatment. With influenza, antiviral medications may reduce the severity and duration of influenza illness if administered within 48 hours of onset. Serious infections with RSV may be prevented with the antiviral Synagis® (palivizumab).

9. **Immunity:** Varies by agent.

REPORTING PROCEDURES

1. Outbreaks reportable:

Note: Respiratory outbreaks should be initially reported as respiratory outbreaks (unknown) until laboratory testing confirms the etiology.

Under Title 17, Section 2500, *California Code of Regulations* all outbreaks are reportable.

Outbreaks of respiratory illness may occur in healthcare and non-healthcare settings. By definition:



A cluster or outbreak in a congregate-living facility (e.g., jail, juvenile hall, camps, assisted living centers) is defined as **three or more** cases of AFRI occurring within 48 to 72 hours in residents who are in close proximity to each other (i.e., in the same area of the facility).

A cluster or outbreak in schools and daycare centers (i.e., community-based) is defined as a sudden increase of AFRI cases over the normal background rate or **5 or more cases** of AFRI in one week in an epidemiologically linked group (such as a sports team, single classroom, after school group).

Special Situations: One case of confirmed AFRI by any testing method in a skilled nursing facility resident is to be considered an outbreak (until proven otherwise) and should prompt enhanced surveillance for other cases.

2. Report Forms: SEE TABLE 1

a. Use the following forms for outbreaks at various settings:

i. Non-healthcare facility

For initial report of respiratory outbreaks:

INITIAL ASSESSMENT OF RESPIRATORY OUTBREAK REPORT

For final report of a respiratory outbreak (if outbreak continues after initial report has been filed):

Sample Line List-Non-Healthcare Facility for Students, Staff or Residents

FINAL ACUTE FEBRILE RESPIRATORY ILLNESS OUTBREAK REPORT FORM (CDPH 9003 3/12)

ii. Sub-acute healthcare facility

For initial and final reports of respiratory outbreaks:

CD OUTBREAK INVESTIGATION — SUB-ACUTE HEALTH CARE FACILITY (H-1164-SubAcute, fillable)

For final report of a respiratory outbreak (if outbreak continues after initial report has been filed):

Sample Line List - Respiratory Outbreak Line List for Residents and Staff

FINAL ACUTE FEBRILE RESPIRATORY ILLNESS OUTBREAK REPORT FORM (CDPH 9003 3/12)

Special Note: When an AFRI outbreak is reported and the first assessment is made, a PHN should fill out the INITIAL ASSESSMENT OF RESPIRATORY OUTBREAK REPORT. At that point, if the AMD determines that the outbreak is over or that the situation does not meet the definition of an outbreak, then inform the facility to wash hands, teach respiratory etiquette, and keep sick people out of facility for 24 hours after fever resolves. Providing educational materials may be sufficient and no active investigation need be taken. The initial form then should be submitted to ACDC checking boxes for “No further investigation needed” and “Outbreak, Not Ongoing.”

If the situation does look like an AFRI outbreak (ex: 5 cases in a classroom in 1 week, any case(s) in a nursing home or facility for the developmentally disabled) then a more significant follow-up would be needed including considering site visit, possibly offering post exposure prophylaxis, and collecting swabs or following up on reports of diagnostic tests by private medical docs. In that case an ACUTE FEBRILE RESPIRATORY ILLNESS OUTBREAK REPORT FORM (CDPH 9003 3/12) should be submitted. The same form should be used when the outbreak is closed.

3. Epidemiologic Data for Outbreaks:

- Establish a case definition (i.e., fever [measured or reported] and either cough, sore throat, or stuffy nose): include pertinent clinical symptoms and laboratory data (if appropriate).
- Confirm etiology of outbreak using laboratory data (rapid test, culture, or PCR).
- Create line list that could include:



- i. names of cases
 - ii. dates of onset
 - iii. symptoms
 - iv. age
 - v. hospitalization status
 - vi. results of laboratory tests
 - vii. prior immunization history
 - viii. travel history, if relevant
 - ix. epi links to other cases (room #s, grades in school, etc)
 - x. avian or swine exposure, if relevant
- d. Create an epi-curve, by date of onset. Only put those that meet the case definition on the epi-curve.
- e. Maintain surveillance for new cases until rate of AFRI is down to “normal” or no new cases for 1 week.

CONTROL OF CASE, CONTACTS & CARRIERS

CASE: Varies by agent.

Precautions: None. Advise symptomatic individuals to stay away from work or school for at least 24 hours after resolution of fever. Limit exposure to others, especially those at high risk for complications.

CONTACTS: No restrictions.

CARRIERS: Not applicable.

GENERAL CONTROL RECOMMENDATIONS FOR OUTBREAKS

1. Reinforce good hand hygiene among all (including visitors, staff, and residents/students).
2. Emphasize respiratory etiquette (cover cough and sneezes, dispose of tissues properly).
3. Reinforce staying home when sick.
4. Provide posters and health education about hand hygiene and respiratory etiquette.
5. Discourage sharing water bottles. Emphasize importance of early detection of cases and removing them from contact with others.
6. Encourage regular environmental cleaning with EPA registered disinfectant appropriate for respiratory pathogens.

7. Consider isolation and/or cohorting and/or quarantine for congregate-living facilities.
8. Consider canceling group activities.
9. Provide educational materials to facility-including posters, handouts, etc. Go to this website to order influenza and respiratory virus health education: <http://publichealth.lacounty.gov/acd/HealthEdFlu.htm>

Consider the additional recommendations for congregate-living facilities, especially with high risk patients:

1. Close facility or affected areas to new admissions until 1 week after last case.
2. Suspend group activities until 1 week after last case.
3. If possible, separate staff that cares for sick from staff that cares for well patients.
4. Institute droplet precautions for symptomatic individuals.
5. Refer to California Department of Public Health, [Recommendations for the Prevention and Control of Influenza in California Long-Term Care Facilities](#)

DIAGNOSTIC PROCEDURES

Clinical and epidemiologic histories are required to aid in laboratory test selection.

Nasopharyngeal (NP) or nasal swab, and nasal wash or aspirate. Public Health Laboratory (PHL) recommends Dacron or Nylon flocked swabs, do NOT use wooden swabs. NP swabs are preferred because the specimens can be tested for influenza and a variety of other respiratory pathogens using PCR based technology. All other specimens can only be tested for influenza. Samples should be collected within the first 4 days of illness. Collect specimens from **at least 2 separate symptomatic individuals** and up to 5 symptomatic individuals for any community-based outbreak and select those individuals with the most recent onset for specimen collection.

1. NOTE: Culture should not be attempted when avian influenza is suspected. Contact PHL or ACDC for instructions.



Container: Viral Culturette with M4 viral transport medium.

Laboratory Form: [Reference Examination for Influenza A, B and/or Other Respiratory Viruses](#) or online request if electronically linked to the PHL.

Examination: Testing algorithm is determined by the PHL.

Material: Nasopharyngeal swab preferred; nasal swab can be used if necessary. See And: [Los Angeles County Department of Public Health Standardized Nursing Procedures: NP Competency Checklist \(5/6/2009\)](#).

Storage: Keep refrigerated and upright. Deliver to Public Health Laboratory as soon as possible.

PREVENTION/EDUCATION

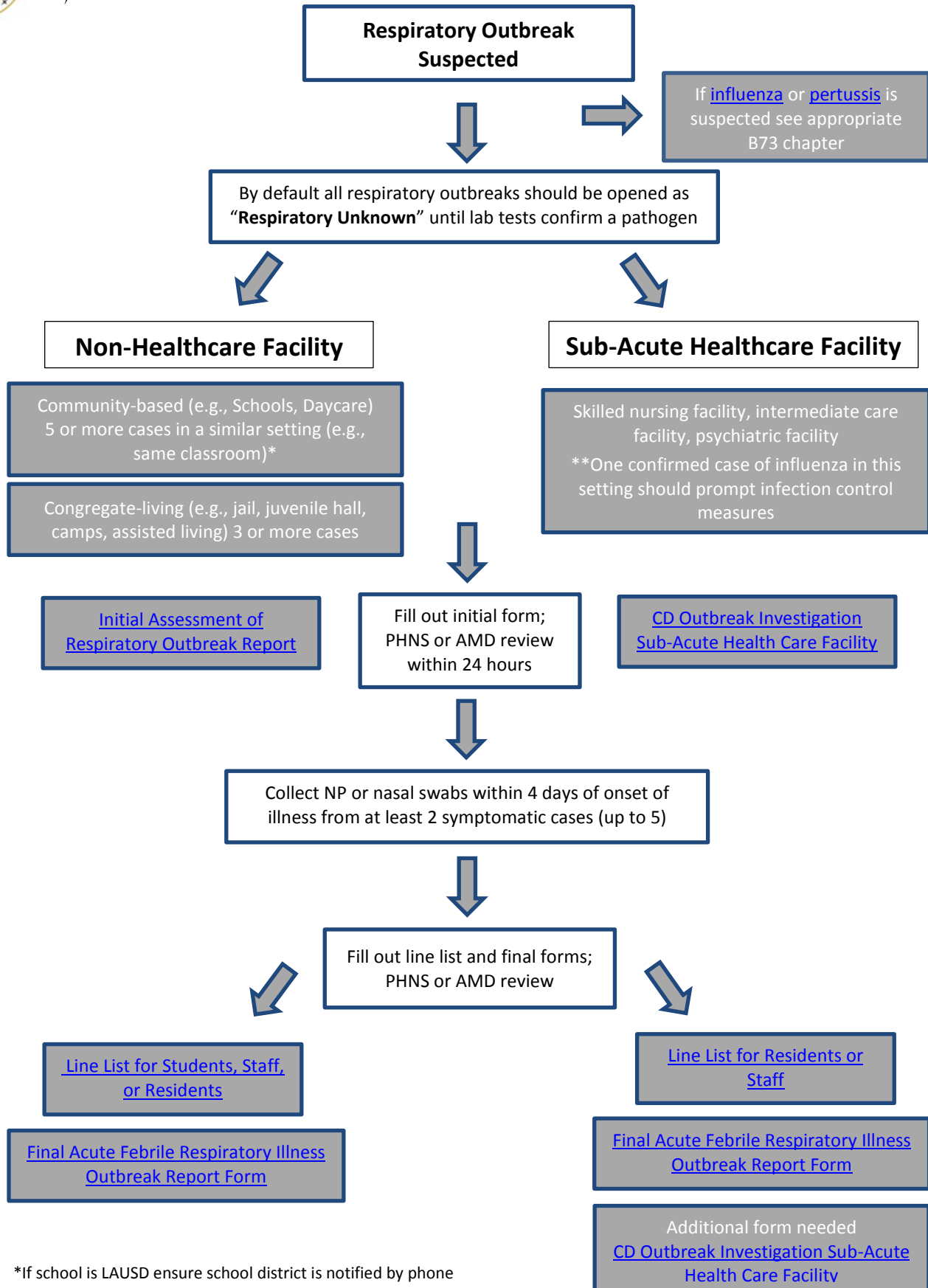
1. All persons >6 months are recommended to receive an annual influenza vaccine.
2. Practice good personal hygiene, avoid symptomatic persons during outbreaks, and do not go to work or school when ill with a respiratory disease.
3. Do not give aspirin to children with influenza and other viral illnesses.
4. Postpone elective hospital admissions during epidemic periods, as beds may be needed for the ill.
5. Sick visitors and staff should not be allowed in the facility.
6. Refer to [CDC. Infection Control Guidance for the Prevention and Control of Influenza in Healthcare Settings](#).

Additional information on the control of influenza during outbreaks can be found in the B-73 Influenza chapter: [Influenza Cases and Outbreaks](#)



TABLE 1. RESPIRATORY DISEASE OUTBREAK FORMS

NON-HEALTHCARE FACILITY	INITIAL REPORT	FINAL REPORT
<ul style="list-style-type: none"> ○ Congregate-Living (e.g., jail, juvenile hall, camps, assisted living center) ○ Community-Based (e.g., school, daycare center) 	<p><u>INITIAL ASSESSMENT OF RESPIRATORY OUTBREAK REPORT</u></p>	<p><u>ACUTE FEBRILE RESPIRATORY ILLNESS OUTBREAK REPORT FORM (CDPH 9003 3/12)</u></p> <p><u>Line List - Respiratory Outbreak Line List for Students, Staff, or Residents</u></p>
SUB-ACUTE HEALTHCARE FACILITY	INITIAL REPORT	FINAL REPORT
<ul style="list-style-type: none"> ○ Skilled nursing facility ○ Intermediate care facility ○ Psychiatric facility 	<p><u>CD OUTBREAK INVESTIGATION — SUB-ACUTE HEALTH CARE FACILITY (H-1164-SubAcute, fillable)</u></p>	<p><u>ACUTE FEBRILE RESPIRATORY ILLNESS OUTBREAK REPORT FORM (CDPH 9003 3/12)</u></p> <p><u>Line List - Respiratory Outbreak Line List for Residents and Staff</u></p> <p><u>CD OUTBREAK INVESTIGATION — SUB-ACUTE HEALTH CARE FACILITY (H-1164-SubAcute, fillable)</u></p>



*If school is LAUSD ensure school district is notified by phone



Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212
Los Angeles, CA 90012
213-240-7941 (phone), 213-482-4856 (facsimile)
publichealth.lacounty.gov/acd/

Initial Assessment of Respiratory Outbreak Report



After form is completed and before signatures are obtained,
FAX to ACDC (213) 482-4856.

OB#/VCMR ID: _____ **NOTE: For licensed healthcare facility, stop here and use H1164.**

CONTACT AND DESCRIPTIVE INFORMATION

Facility Name		Business Hours <input type="checkbox"/> Open 24 hrs	
Street Address		City	State Zip Code
Primary Contact (NOTE: LAUSD's primary contact is their CD Nurse.)		Primary Contact Phone ()	Primary Contact E-mail
Is there an on-site healthcare worker? <input type="checkbox"/> Yes → List as primary contact (above) <input type="checkbox"/> No → List 2 nd Contact	Hours Available	Secondary Contact Phone ()	Secondary Contact E-mail
Type of Facility: <u>Congregate Living Setting</u> <input type="checkbox"/> Camp <input type="checkbox"/> Detention Center <input type="checkbox"/> Dorm <input type="checkbox"/> Assisted Living <input type="checkbox"/> Other → Describe: _____ _____ _____			Number of People at Facility: _____ : Students, Clients or Residents _____ : Staff _____ : Other → Describe: _____ : TOTAL
<u>Non-Congregate Living Setting</u> <input type="checkbox"/> School <input type="checkbox"/> Daycare <input type="checkbox"/> Office <input type="checkbox"/> Other → Describe: _____ If School, Level? <input type="checkbox"/> Preschool <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> University/College LAUSD? <input type="checkbox"/> No <input type="checkbox"/> Yes → Special Ed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

EVENT DESCRIPTION AND RESPONSE (at time of initial report)

Symptom Onset (First Case) Date ____/____/____	Number Ill	Number Hospitalized	Number Died
Number with Lab Tests (Describe results.)		Number at Risk / Unit (Describe classroom, office, cabin, etc.) /	
Has anyone received treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes → What type? _____	Were ill people sent home? <input type="checkbox"/> No <input type="checkbox"/> Yes → How many? _____	Prior to event, was flu vaccination provided? <input type="checkbox"/> No <input type="checkbox"/> Yes → How many? _____ Staff _____ Students/Clients/Residents	
What other control steps have been taken so far? <input type="checkbox"/> Nothing <input type="checkbox"/> Screened for others ill <input type="checkbox"/> Informed staff and students/clients/residents <input type="checkbox"/> Other → Describe: _____			

PLANNING (Intervention steps if needed per AMD assessment; Check all that apply.)

<input type="checkbox"/> Provide educational materials	<input type="checkbox"/> Create line list	<input type="checkbox"/> Verify lab tests	<input type="checkbox"/> Close facility	<input type="checkbox"/> Send home or isolate ill
<input type="checkbox"/> Conduct site visit → Date: _____		<input type="checkbox"/> Collect specimens → Type: _____		
<input type="checkbox"/> Letter to parents/staff/residents, etc. → Written by <input type="checkbox"/> PH <input type="checkbox"/> Other → Describe: _____				
<input type="checkbox"/> Provide vaccine or prophylaxis → Describe: _____ <input type="checkbox"/> Other → Describe: _____				
<input type="checkbox"/> No further investigation needed. (Describe below)				

REMARKS

Initial Assessment: Not an Outbreak Outbreak, Not Ongoing Outbreak, Ongoing

Investigator's Name (print)	Investigator's Signature	Date	Phone ()
PHNS's Name (print)	PHNS's Signature	Date	Phone ()
AMD's Name (print)	AMD's Signature	Date	Phone ()



RESPIRATORY OUTBREAK WORK SHEET FOR COMMUNITY-BASED SETTINGS

Please complete this form for all ill students, staff and or residents



Acute Communicable Disease Control Program
 313 N. Figueroa St., Rm. 212, Los Angeles, CA 90012
 213-240-7941 (phone) 213-482-4856 (facsimile)
 www.publichealth.lacounty.gov/acd/

School/Daycare/Facility Name: _____ Contact Person/Phone Number: _____

Outbreak Number: _____

Student/Staff/Resident Identification			Location		Respiratory Illness Symptoms										Diagnostics			Outcome					
Student/Staff/Resident Name			Date of birth or Age	Sex (M/F)	Classroom or Office or Unit #	Grade	Date onset illness	Fever (Y/N) If yes, highest temperature °F*	Cough (Y/N)	Runny Nose (Y/N)	Sore throat (Y/N)	Body Aches (Y/N)	Chills (Y/N)	Other (Y/N) _____	Other (Y/N) _____	Date recovered	Days absent	Doctor visit (Y/N)	NP specimen collected (Y/N)	Diagnosis/Lab Result	Hospitalized (Y/N)	Days hospitalized	Died (Y/N, if yes, date)
1	LName, FName																						
	Phone Number																						
2	LName, FName																						
	Phone Number																						
3	LName, FName																						
	Phone Number																						
4	LName, FName																						
	Phone Number																						
5	LName, FName																						
	Phone Number																						
6	LName, FName																						
	Phone Number																						

*Highest temperature: measured oral, under armpit or rectal



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CD OUTBREAK INVESTIGATION SUB-ACUTE HEALTH CARE FACILITY



INITIAL REPORT _____ DATE _____ FINAL REPORT _____ DATE _____

1. Facility Name		2. Census Tract	3. Outbreak Code													
			YR	No.												
4. Facility Address - number, street		5. Facility City		6. Facility Zip Code												
				7. Health District												
8. Facility Telephone		9. Facility Contact Person		10. Facility Contact Person Telephone												
11. Disease																
<input type="checkbox"/> Scabies <input type="checkbox"/> Norovirus <input type="checkbox"/> Influenza <input type="checkbox"/> Unknown Gastrointestinal <input type="checkbox"/> Unknown Respiratory <input type="checkbox"/> Unknown Rash <input type="checkbox"/> Other: _____																
12. Facility Type		13. Facility Population (on date first case identified)		14. Number of:												
<input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Psychiatric Care Facility <input type="checkbox"/> Dialysis Center <input type="checkbox"/> Other: _____ <input type="checkbox"/> Intermediate Care Facility		Total Number of Patients/Residents: _____ Total Number of Direct Care Staff: _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">Patients</th> <th style="width: 25%;">Staff</th> </tr> </thead> <tbody> <tr> <td>a. Clinical Cases (symptomatic only)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b. Laboratory Confirmed Cases</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c. Total Cases (sum of clinical and laboratory confirmed)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		Patients	Staff	a. Clinical Cases (symptomatic only)	_____	_____	b. Laboratory Confirmed Cases	_____	_____	c. Total Cases (sum of clinical and laboratory confirmed)	_____	_____
	Patients	Staff														
a. Clinical Cases (symptomatic only)	_____	_____														
b. Laboratory Confirmed Cases	_____	_____														
c. Total Cases (sum of clinical and laboratory confirmed)	_____	_____														
15. Reported By		16. Reporting Source Title	17. Reporting Source Telephone	18. Report Date												

ADDITIONAL BACKGROUND (OPTIONAL)

CLINICAL DESCRIPTION

19. Date of First Case	20. Date of Last Case	21. Date Most New Cases Identified	22. Check all predominant symptoms among the patients that apply (please only include new or worsening symptoms):																			
			<u>General</u>	<u>Respiratory</u>	<u>Gastrointestinal</u>	<u>Other</u>																
23. Severity (attributable to outbreak)			<input type="checkbox"/> Fever	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Stomach pain	<input type="checkbox"/> _____																
# Requiring Clinic or Doctor Visit _____ # Requiring Hospitalization _____ # Deaths _____			<input type="checkbox"/> Muscle pain	<input type="checkbox"/> New or worsened cough	<input type="checkbox"/> Nausea	<input type="checkbox"/> _____																
24. Age Distribution			<input type="checkbox"/> Chest pain	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Vomiting	<input type="checkbox"/> _____																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">AGE</th> <th style="width: 30%;"># CASES</th> </tr> </thead> <tbody> <tr><td><1</td><td style="text-align: center;">_____</td></tr> <tr><td>1-4</td><td style="text-align: center;">_____</td></tr> <tr><td>5-19</td><td style="text-align: center;">_____</td></tr> <tr><td>20-49</td><td style="text-align: center;">_____</td></tr> <tr><td>50-65</td><td style="text-align: center;">_____</td></tr> <tr><td>66-74</td><td style="text-align: center;">_____</td></tr> <tr><td>75+</td><td style="text-align: center;">_____</td></tr> </tbody> </table>			AGE	# CASES	<1	_____	1-4	_____	5-19	_____	20-49	_____	50-65	_____	66-74	_____	75+	_____	<input type="checkbox"/> Headache	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> _____
AGE	# CASES																					
<1	_____																					
1-4	_____																					
5-19	_____																					
20-49	_____																					
50-65	_____																					
66-74	_____																					
75+	_____																					
			<u>Skin</u>	<input type="checkbox"/> Increased sputum	<input type="checkbox"/> Bloody stools	<input type="checkbox"/> _____																
			<input type="checkbox"/> Itch			<input type="checkbox"/> _____																
			<input type="checkbox"/> Rash			<input type="checkbox"/> _____																
25. Is there any obvious clustering of cases among the following categories? Please check all that apply.			26. Has treatment been given to cases? If yes, please describe below.			Number Treated																
<input type="checkbox"/> Patient acuity <input type="checkbox"/> Demographic variables <input type="checkbox"/> Patient location <input type="checkbox"/> Procedures <input type="checkbox"/> Shared staff <input type="checkbox"/> Medications <input type="checkbox"/> Other: Specify _____ Please describe any observed clustering: _____ _____ _____ _____ _____			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 30%;">Recipient</th> <th style="width: 30%;">Treatment(s)</th> <th style="width: 10%;">Number Treated</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes: Patients / Residents</td> <td>_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes: Staff</td> <td>_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes: Visitors</td> <td>_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>				Recipient	Treatment(s)	Number Treated	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Patients / Residents	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Staff	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Visitors	_____	_____	
	Recipient	Treatment(s)	Number Treated																			
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Patients / Residents	_____	_____																			
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Staff	_____	_____																			
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Visitors	_____	_____																			
			27. Has prophylaxis been given to non-cases? If yes, please describe below.			Number Treated																
			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 30%;">Recipient</th> <th style="width: 30%;">Treatment(s)</th> <th style="width: 10%;">Number Treated</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes: Patients / Residents</td> <td>_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes: Staff</td> <td>_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes: Visitors</td> <td>_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>				Recipient	Treatment(s)	Number Treated	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Patients / Residents	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Staff	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Visitors	_____	_____	
	Recipient	Treatment(s)	Number Treated																			
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Patients / Residents	_____	_____																			
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Staff	_____	_____																			
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Visitors	_____	_____																			

LABORATORY DESCRIPTION

28. Were specimens sent to a laboratory for testing? No Yes **If yes, please complete this section.**

SPECIMENS			28d. Type of Test	RESULTS		28g. Name of Laboratory
28a. Type	28b. Number of Patients	28c. Dates Collected		28e. Number Positive	28f. Organism	

INVESTIGATION SUMMARY AND CONCLUSIONS

ACTIONS AND RECOMMENDATIONS (if applicable)

29. Action/Recommendation	Action/Recommendation Made by District Health Office	Action Implemented by Facility
Reminded facility to report outbreak to Los Angeles County Department of Public Health and Health Facilities Inspection Division	<input type="checkbox"/> Date _____	<input type="checkbox"/> Date _____
Suggested facility review its relevant policies and procedures with staff	<input type="checkbox"/> Date _____	<input type="checkbox"/> Date _____
Followed Los Angeles County/California/CDC guidelines for environment and organism	<input type="checkbox"/> Date _____	<input type="checkbox"/> Date _____
Patient cohorting	<input type="checkbox"/> Date _____	<input type="checkbox"/> Date _____
Staff cohorting	<input type="checkbox"/> Date _____	<input type="checkbox"/> Date _____
Contact / Respiratory precautions	<input type="checkbox"/> Date _____	<input type="checkbox"/> Date _____
Enhanced environmental cleaning	<input type="checkbox"/> Date _____	<input type="checkbox"/> Date _____
Begin or increase use of hand hygiene messages	<input type="checkbox"/> Date _____	<input type="checkbox"/> Date _____
Begin or increase use of respiratory / cough etiquette messages	<input type="checkbox"/> Date _____	<input type="checkbox"/> Date _____
Facility closed to new admissions	<input type="checkbox"/> Date _____	<input type="checkbox"/> Date closed _____ <input type="checkbox"/> Date reopened _____
Notification regarding outbreak made to: <input type="checkbox"/> Staff <input type="checkbox"/> Patients <input type="checkbox"/> Visitors <input type="checkbox"/> Community	<input type="checkbox"/> Date _____	<input type="checkbox"/> Date _____
In-service by: <input type="checkbox"/> PHN Topic: _____ <input type="checkbox"/> Facility Staff Topic: _____	<input type="checkbox"/> Date _____ <input type="checkbox"/> Date _____	<input type="checkbox"/> Date _____ <input type="checkbox"/> Date _____
Field visit by PHN:	<input type="checkbox"/> Date _____ <input type="checkbox"/> Date _____ <input type="checkbox"/> Date _____ <input type="checkbox"/> Date _____	

30. Investigator name (print) and title	31. Investigator signature	32. Date	33. Telephone number
34. Nurse Supervisor name (print) and title	35. Nurse Supervisor signature	36. Date	
37. Area Medical Director name (print)	38. Area Medical Director signature	39. Date	

ACD USE ONLY		
40. ACD Reviewer Name (print)	41. ACD Reviewer Signature	42. Date
<input type="checkbox"/> Closed – OK to report	<input type="checkbox"/> Closed – False OB, Do not report	<input type="checkbox"/> Closed – Other _____

ACUTE FEBRILE RESPIRATORY ILLNESS OUTBREAK REPORT FORM COMMUNITY AND CONGREGATE SETTINGS

OUTBREAK INFORMATION			
Outbreak classification <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect	Local outbreak tracking number _____	First onset date / /	Last onset date / /
Pathogen/s identified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If yes, specify pathogen/s</i> _____			
SETTING INFORMATION			
Setting type/s (check all settings where illnesses occurred) <input type="checkbox"/> Community/Non-congregate <input type="checkbox"/> Congregate/Institution <i>Specify setting type/s (e.g. skilled nursing, jail, school, etc)</i> _____			
Location or facility name _____	Location or facility contact name _____	Facility contact number () _____	
If non-congregate setting: Total number of persons exposed: _____	If congregate/institutional setting: Total number of residents/students at time of outbreak: _____ Total number of staff at time of outbreak: _____		
CLINICAL INFORMATION			
Case definition used during the outbreak _____			
Predominant symptoms* experienced by reported cases: <input type="checkbox"/> Fever (100°F/37.8°C or greater) <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Other <i>If other, specify:</i> _____			
Age range: _____ to _____ yrs.	Median age if available: _____	Number (%) Female: _____	
Number of cases with fever _____	Highest temperature recorded _____ °F _____ °C	Number with clinical diagnosis of pneumonia _____	Number with abnormal chest x-ray _____
Number hospitalized due to outbreak illness _____	Number admitted to the ICU due to outbreak illness _____	Number died due to outbreak illness _____	
Total number of cases that meet case definition _____ <i>If congregate/institutional setting, number among residents/students</i> _____ <i>Number among staff members</i> _____			
LABORATORY INFORMATION (Please attach copies of test results, if available)			
Total number of cases tested _____ <i>If congregate/institution setting, number among residents/students</i> _____ <i>number among staff members</i> _____		Total number of laboratory-confirmed cases _____ <i>If congregate/institution setting, number among residents/students</i> _____ <i>number among staff members</i> _____	
Type of specimens obtained and tested (e.g. NP swab, etc.) _____	Type of tests performed (e.g. rapid, PCR, etc) _____	Location where specimens were tested (e.g. local PHL, VRDL, etc.) _____	
Results			
Influenza A	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	
Influenza B	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	
Influenza type undetermined	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	
RSV	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	
<i>Bordetella pertussis</i>	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	
<i>Legionella pneumophila</i>	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	
Coccidioidomycosis (Valley fever)	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	
Other, specify: _____	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	
_____	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	
Laboratory information comments _____			
RISK FACTORS			
Check all risk factors that may have contributed to the outbreak. <input type="checkbox"/> Close contact with a laboratory-confirmed case <input type="checkbox"/> Animal exposure <i>Specify animal exposure:</i> _____ <input type="checkbox"/> Other environmental exposure <i>Specify/describe other environmental exposure:</i> _____ <input type="checkbox"/> Other risk factors <i>Specify other risk factors:</i> _____			

CONTROL MEASURES – COMMUNITY/NON-CONGREGATE SETTING ONLY

Check all control measures taken in response to the outbreak.
 Isolation/home restriction of symptomatic persons
 Antiviral prophylaxis offered to household or other contacts
 If prophylaxis offered, how many _____
 Other control measures Specify other control measures: _____

CONTROL MEASURES – CONGREGATE SETTING ONLY

FOR ALL RESPIRATORY OUTBREAKS. Check all control measures taken in response to the respiratory outbreak.
 Facility temporarily closed to new admissions Facility temporarily closed to visitors
 Ill resident activity restrictions (e.g. remain in their room) Staff cohorted to specific patients and/or areas
 Increased education on personal hygiene (respiratory and hand)
 Medical interventions used for outbreaks other than influenza List medical interventions _____
 Environmental measures taken List environmental measures taken _____
 Other measures List other measures taken _____

FOR INFLUENZA OUTBREAKS ONLY. Check all control measures taken in response to the influenza outbreak.

	Residents/students	Staff
Were symptomatic people offered antiviral treatment? If yes, total number treated Antiviral prescribed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ _____
Were symptomatic people offered antiviral prophylaxis? If yes, total number treated Antiviral prescribed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ _____
Were people vaccinated against influenza ≥14 days before the outbreak began? If yes, total number vaccinated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____
Were people offered catch-up influenza vaccination after the outbreak began? If yes, total number vaccinated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____
Were residents vaccinated against S. pneumonia ≥14 days before the outbreak began? If yes, total number vaccinated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____	

ADDITIONAL INFORMATION: If available, please attach a facility map, epidemic curve (graph of outbreak cases by time), laboratory results and a summary of the local investigation (if completed). If no summary exists, please provide any other important details and descriptions relevant to the investigation below, including any **initial investigative activity, data collection and analyses methods** (e.g. case finding, cohort/case control studies, environmental, etc) and **epidemiologic tools relevant to the investigation** (e.g. epidemic curves, attack rate tables, questionnaires).

Comments / Remarks (e.g. methods, findings, results, etc):

Discussion and/or conclusions:

List summaries or other documents attached with this form

REPORTING LOCAL HEALTH JURISDICTION (LHJ) INFORMATION

LHJ investigator name	Local health jurisdiction	LHJ investigator telephone number ()
Date and time LHJ was initially notified of the outbreak / / _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Date and time LHJ initiated the investigation / / _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Date LHJ closed the investigation / /	Date LHJ Submitted to State / /	

OTHER KEY STAFF OR ORGANIZATIONS/AGENCIES INVOLVED AND/OR NOTIFIED

List the names of other staff from the LHJ or outside agencies that were involved in the investigation or notified of the outbreak.

SEVEN MINIMAL ELEMENTS CHECKLIST

Below are the seven minimal elements for outbreak investigations as outlined in the CDC Public Health Emergency Preparedness (PHEP) Cooperative Agreement – Performance Measures Specifications and Implementation Guidance (pp. 56-60)

- All seven minimal elements included
- Context/background (e.g. population affected, location, geographical area/s involved, etiology, etc.)
 - Initiation of investigation (e.g. dates and times notification was received by the LHJ and initiation of investigation, etc.)
 - Investigation methods (e.g. data collection and analyses methods, epi curve, case definition, exposure assessment and classification, etc.)
 - Investigation findings/results (e.g. epi, lab and/or clinical results, other analytic findings, etc.)
 - Discussion and/or conclusions
 - Recommendations for controlling disease and/or preventing/mitigating exposure
 - Key investigators and/or report authors

RESPIRATORY OUTBREAK DEFINITIONS**INSTITUTIONS***

- A. For institutions associated with acute health care defined as **general acute care hospital (GACH)** or **acute psychiatric hospital (APH)**:
- A sudden increase of acute febrile respiratory illness cases over the normal background rate; OR
 - One case of acute febrile respiratory illness that tests positive for influenza or other respiratory pathogen in the setting of a cluster of ILI (fever >100.5°F, cough and/or sore throat)
- B. For institutions associated with long term health care defined as **skilled nursing facility (SNF)**, **intermediate care facility (ICF)**, **intermediate care facility-developmentally disabled (ICF-DD)**, **intermediate care facility – developmentally disabled habilitative (ICF-DDH)**, **intermediate care facility-developmentally disabled nursing (ICF-DDN)**, **congregate living health facility (CLHF)** and **pediatric day health and respite care facility (PDHRCF)**:
- A sudden increase of acute febrile respiratory illness cases over the normal background rate; OR
 - When any resident tests positive for influenza. One case of a laboratory-confirmed influenza by any testing method in a long term care facility resident is considered an outbreak (ref: <http://www.cdc.gov/flu/professionals/infectioncontrol/pdf/longtermcare.pdf>)
- NOTE: Healthcare-associated institutional outbreaks are also reportable to the Hospital Acquired Infections (HAI) Unit of the California Department of Public Health
- C. Non healthcare-associated institutions defined as **prison**, **jail**, **university dormitory** and **overnight camps**:
- At least two cases of ILI within 48-72 hour period; OR
 - At least one case of ILI with laboratory confirmation for influenza or other respiratory pathogen in the setting of a cluster of ILI

CONGREGATE SETTINGS – SCHOOLS AND DAY CAMPS*

- At least 10% of average daily attendance absent with ILI, sustained over a 3-day period; OR
- 20% of an epidemiologically-linked group (such as single classroom, sports team or after-school group) ill with similar symptoms, with a minimum of 5 ill, sustained over a 3-day period

ANY RESPIRATORY DISEASE CLUSTERS DUE TO A REPORTABLE DISEASE (TITLE 17, CCR 2500)*

For the following diseases; **plague, anthrax, Q-fever, hantavirus, brucellosis and psittacosis**:

- Any respiratory disease cluster (defined as ≥ 2 cases of acute respiratory illness occurring within the incubation period of the disease in persons who are in proximity to the same infectious source) with laboratory confirmation in at least **ONE** case.

COMMUNITY*

- Any respiratory disease cluster (defined as ≥ 2 cases of acute respiratory illness occurring within 48-72 hours in persons who are in close proximity to each other) assessed by the LHJ as having public health importance

***PERTUSSIS**

Pertussis has a more specific definition for a respiratory outbreak, as outlined below:

- A. Institutions/Congregate setting (e.g. health care facility, school, day care)
- Two or more cases clustered in time and space (e.g. within 42 days of each other in one classroom)
 - Ideally, at least one case should be confirmed by culture
- B. Community
- An increase in the number of cases in a given population during a defined time period, based on what is expected during a non-epidemic period



Acute Communicable Disease Control
 313 N. Figueroa St., Rm 212, Los Angeles, CA 90012
 213-240-7941 (phone) 213-482-4856 (fax)
 www.publichealth.lacounty.gov



Respiratory Outbreak Line List for Staff

Facility Name: _____

Contact Person/Phone No.: _____

Outbreak Number : _____

Staff identification			Staff Duties		Illness Description											Diagnostics				Outcome					
Staff Information	Date of birth or Age	Sex (M/F)	Unit/Ward Assigned to	Direct Patient Contact?	Date onset illness	Highest temperature (°F)*	Abdominal Cramps (Y/N)	Body Aches (Y/N)	Chills (Y/N)	Cough (Y/N)	Runny Nose (Y/N)	Sore throat (Y/N)	Rash (Y/N)	Other (Y/N)	Date recovered	X-ray confirmed pneumonia (Y/N)	Doctor visit (Y/N)	Specimen collected (Y/N)	Specimen Type (NP, Sputum, Other)	Diagnosis/Lab Result	Treated with antibiotics/antivirals? (Y/N)	Hospitalized (Y/N)	Days hospitalized	Died (Y/N, if yes, date)	

*Highest temperature: measured oral, under armpit or rectal