SUBMIT VIA EMAIL TO APHILLIPS@TCHD.NET AND BMCCONNELL@TCHD.NET OR FAX TO 309-925-2038.

CONFIDENTIAL: INFLUENZA OUTBREAK SURVEILLANCE FORM
LINE LIST OF **RESIDENTS** ILL WITH RESPIRATORY INFLUENZA-LIKE ILLNESS (ILI)

An influenza outbreak or cluster should be suspected whenever 10 percent of the resident population becomes ill with a febrile, respiratory disease consistent with influenza, when three cases of influenza-like illness (STAFF OR RESIDENT) occur on the same unit within 72 hours, or if at least one resident tests positive for influenza by any testing method. Health care facilities are required by law to report outbreaks and suspected outbreaks of disease to the Illinois Department of Public Health.

FACILITY NAME: _____DATE: _____

NAME	DATE OF BIRTH	UNIT OR WING	ONSET DATE	SYMPTOMS*	INFLUENZA SPECIMEN COLLECTION DATE	LAB RESULT	SEASONAL FLU VACCINE DATE	HOSPITALIZED (Y/N)	DIED (Y/N)

* Symptoms: e.g. cough(C), fever (F), chills (CH), sore throat (ST), pneumonia (P), myalgias (M)

SUBMIT VIA EMAIL TO APHILLIPS@TCHD.NET AND BMCCONNELL@TCHD.NET OR FAX TO 309-925-2038.

CONFIDENTIAL: INFLUENZA OUTBREAK SURVEILLANCE FORM
LINE LIST OF **STAFF** ILL WITH RESPIRATORY INFLUENZA-LIKE ILLNESS (ILI)

An influenza outbreak or cluster should be suspected whenever 10 percent of the resident population becomes ill with a febrile, respiratory disease consistent with influenza, when three cases of influenza-like illness (STAFF OR RESIDENT) occur on the same unit within 72 hours, or if at least one resident tests positive for influenza by any testing method. Health care facilities are required by law to report outbreaks and suspected outbreaks of disease to the Illinois Department of Public Health.

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