

ACUTE RESPIRATORY ILLNESS OUTBREAK INTAKE LOG SHEET

INITIAL CALLER INFORMATION:

Date facility notified LHD:	Date CDES notified:
LHD contact : Name:	Phone:
Jurisdiction:	Email:
Facility name:	
Facility address:	City:
Facility contact:	Email:
Facility phone/fax: Phone:	Fax:
Facility involved: <input type="checkbox"/> ADCC <input type="checkbox"/> AFH <input type="checkbox"/> CBRF <input type="checkbox"/> NH <input type="checkbox"/> RCAC <input type="checkbox"/> 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:	Entire facility <input type="checkbox"/> or specify unit/wing:	
Number residents ill:	Number exposed:	Earliest onset date:
Number staff ill:	Number exposed:	Earliest onset date:
Affected Unit 2:	NA <input type="checkbox"/> or specify unit/wing:	
Number residents ill:	Number exposed:	Earliest onset date:
Number staff ill:	Number exposed:	Earliest onset date:
Symptoms:		
Testing: (requested, results)		

Symptoms of Acute Respiratory Illness (ARI) must include at least 2 of the following: fever, cough, nasal congestion, sore throat or increased muscle aches.

Checklist:

- Distribute "Recommendations for Prevention and Control of Respiratory Illness"
- Initiate line list of ill RESIDENTS and STAFF
- LHD notifies CDES
- Obtain CDES approval for respiratory disease testing at WI State Lab of Hygiene
- Review Contact and Droplet precautions
- Evaluate need to restrict visitors, new admissions and optional activities in affected units
- Evaluate need for prophylaxis for non-ill residents and staff
- Obtain final line-list, lab results and *ARI Outbreak Follow-up* form, and forward to CDES

Other comments: