

Influenza outbreak in a residential care facility

Public Health Unit Report Form

This form is to be completed by Public Health Units and faxed to Communicable Disease Branch (02 9391 9189). Preliminary findings should be faxed within 2 weeks, and final results within 4 weeks of the end of the outbreak.

On the day an influenza outbreak is confirmed, PHUs should contact CDonCall with details of:

- the name of the facility,
- total number of residents and staff in the facility,
- date of onset of the first case,
- approximate number of cases to date,
- how many samples have been collected,
- how many were positive for influenza,
- and a brief summary of outbreak control measures already initiated or planned.

PHU reporting information			
Name of reporting PHU			
Name of staff member completing report			
Date reporting form completed by PHU			
Residential care facility			
Name of facility			
Town / Suburb			
Type of facility: (please circle)		Nursing home / hostel / other (please specify)	
Outbreak timeline			
Date facility notified PHU			
Date of onset of first case			
Was the first case a: (please circle)		Resident / staff member	
Date investigation commenced by PHU			
Date of onset of last case			
Date investigation completed by PHU			
Sample collection			
Date of first sample collected			
Number of samples collected		Residents:	Staff:
Type of samples and tests done:			
Number of samples positive for influenza		Influenza A:	Influenza B:
Details of other pathogens identified			
Case definition used by PHU:			
Exposure and outcome information			
	Total	Vaccinated	Unvaccinated
Number of residents in facility			
Number of residents who were cases			
Number of resident cases who were hospitalised*			
Number of resident cases who died*			
Number of staff in facility			
Number of staff who were cases			
Number of staff cases who were hospitalised*			
Number of staff cases who died*			

* Where hospitalisation or death is related to influenza.

Summary of outbreak control measures undertaken by PHU (please circle):		
Isolation of cases	Yes / No	Date commenced:
Vaccination of unvaccinated staff & residents	Yes / No	Date commenced:
Cohorting of residents and staff	Yes / No	Date commenced:
Advice about droplet precautions and use of PPE	Yes / No	Date commenced:
Environmental cleansing	Yes / No	Date commenced:
Exclusion of symptomatic staff	Yes / No	Date commenced:
Restriction of visitors and new admissions	Yes / No	Date commenced:
Postpone group activities	Yes / No	Date commenced:
Use of antivirals for treatment &/or prophylaxis	Yes / No	Date commenced:
If antivirals were used, were they from the State Medical Stockpile?	Yes / No	
Summary of antiviral use (if applicable)	Residents:	Staff:
Number of cases given antiviral treatment		
Number of people given antiviral prophylaxis*		
Number of people given antiviral prophylaxis* who subsequently developed symptoms		
Number of days prophylaxis continued (give range)		
Number of people who discontinued prophylaxis or treatment		
Were any adverse events attributed to antiviral use reported?		
Details of adverse events:		
Vaccination programs or policy	Please choose:	
What is the vaccination program for residents? (please circle)	Coordinated program Ad-hoc depending on GP No program Other (please specify) Date commenced (if applicable):	
What is the vaccination program for staff? (please circle)	Coordinated program Staff organise individually Other (please specify) Date commenced (if applicable):	
Additional information		
Do you have any comments about the process for accessing the oseltamivir?		
Please provide any additional information about the outbreak or control of the outbreak here		

* i.e., did not meet the case definition

To help us evaluate the benefits of antivirals from the State Medical Stockpile please return this form along with a simple table of cases by date of onset, for the period of the outbreak. (See the example table below):

Date of onset	Number of resident cases	Number of staff cases
24 August 2005	1	0
25 August 2005	0	3
26 August 2005	0	1
Etc		