SALT LAKE COUNTY
HEALTH DEPARTMENT

Influenza Outbreak Reporting form

- Please report the following information when there are two or more ill residents within 72 hours of each other, and one or more of them has laboratory diagnosed influenza.
- All ill residents and staff should be reported on the third page.
- Fax the following pages to our secure reporting line- 385-468-4234.
- Call 385-468-4194 with any questions.
- CDC toolkit for long-term care centers can be found at http://www.cdc.gov/flu/toolkit/long-term-care/index.htm

Facility Information

Name of facility: _____
Address of facility: _____
Person filling out form: _____
Phone number: _____

Residents

Total number:
Number ill:
Number hospitalized:
Number died:
Number tested:
Number tested positive (please fax a copy of positive test results to 385-468-4234):
Number treated:
Number ill vaccinated:

Staff

Total number:
Number ill:
Number hospitalized:
Number died:
Number tested:
Number tested positive (please fax a copy of positive test results to 385-468-4234):
Number treated:
Number ill vaccinated:

SALT LAKE COUNTY HEALTH DEPARTMENT

Confidential Case Reporting Form

Facility name: _____

Infection Control (check all that apply)
☐ All resident with confirmed or suspected influenza were isolated with Standard and Droplet Precautions.
☐ All eligible residents in the entire facility (not just currently in the impacted wards) were given antiviral chemoprophylaxis as soon as the outbreak was determined.

SALT LAKE COUNTY HEALTH DEPARTMENT

Confidential Case Reporting Form

Facility name: ___________________________________

Last name: _______________________ First name: ______________________ Date of birth __/__/____

Room number: _________ Hospitalized: Yes ☐ No ☐ Unk ☐ If yes, where: ______________________

Vaccinated for influenza this season: Yes ☐ No ☐ Unk ☐ If yes, Date: __/__/____

Date of onset of illness: __/__/____ Treated with antivirals: Yes ☐ No ☐ Unk ☐

Last name: _______________________ First name: ______________________ Date of birth __/__/____

Room number: _________ Hospitalized: Yes ☐ No ☐ Unk ☐ If yes, where: ______________________

Vaccinated for influenza this season: Yes ☐ No ☐ Unk ☐ If yes, Date: __/__/____

Date of onset of illness: __/__/____ Treated with antivirals: Yes ☐ No ☐ Unk ☐

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