Influenza Outbreak Report Form

Any outbreak (one confirmed case of influenza or two or more cases of influenza like illness [fever >100° with cough and/or sore throat]) must be reported to Spokane Regional Health District Epidemiology at 324.1442. Please complete this form daily – provide the facility specifics for the first submission and then add the new information as needed, for the duration of the outbreak. **Please fax to 324.3623**.

Facility Name:		e:											
Address:													
Email:													
Phone:							Fax:						
Contact Person:					Title:								
					Residents			ts	Staff		Total Licensed Beds		
			Total number in facilit										Deus
How many			accinated w	vaccine?									
			How mar	fluenza?									
				of onset:									
			Staff				Residents				Tatal		
	Date	Numbe new ill		Total ill since start of outbreak	Number new ill	Number III currently	Total ill Total since hospitalized start of since start outbreak of outbreal		pitalized ce start	Total deaths since start of outbreak	Comments		
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date this on Page			Date of birth	of illness	Vaccine? (Y/N) / Date		Collection date	Lab	Type & Subtype				
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Influenza Outbreak Report Form Page 2 – Daily Update

Fax to 509.324.3623

			Facili	ty Name:						
	Staff						Residen			
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