Missouri Department of Health and Senior Services Division of Community and Public Health Bureau of Communicable Disease Control and Prevention Influenza Investigation Report*

Facility Name: Type of Facility:
Street Address: City:
County: Zip Code: Telephone:
Contact Person:
1. Total resident population: Total number of employees:
2. Number of ill residents: Number of ill employees:
3. Symptoms: (check all that apply) cough malaise sore throat headache fever
aching other
4. Range of onset Dates: (Please make an epi-curve histogram)
5. Duration of illness (Range): (Hours, Days, Weeks) (circle one)
6. Is the episode still continuing: YES/NO
7. Total number receiving flu vaccine (whether ill or well): Residents Employees
8. Total number of ill who received flu vaccine: Residents Employees
9. Date range when majority of vaccine administered:
10. Number hospitalized: Residents Employees
11. Number related deaths: Residents Employees
12. Location of cases (by wing, hall, floor, job duty, or was it throughout the institution) and the number of cases at each location:
13. Control measures:
14. Number of influenza rapid test positives: Residents: Employees:
15. Number of throat/nasopharyngeal cultures: Residents: Employees:
16. Number of positive cultures: Residents: Employees:
17.Comments:

Viral culture kits may be provided FREE OF CHARGE, to determine the cause of illness during an influenza-like illness outbreak. Arrangements must be made with the State Public Health Laboratory. Please contact your District Communicable Disease Coordinator as soon as possible to make arrangements or call the State Influenza Surveillance Coordinator at the Missouri Department of Health and Senior Services at (573) 751-6113.

* This document can be used to report outbreaks of influenza in settings such as: health care facilities, nursing homes, residential care facilities, and rehabilitation facilities.