



FINAL REPORT DATE

Infectious Disease Epidemiology and Outbreak Response Bureau
Division of Outbreak Investigation

Local Health Department Outbreak Summary Report: Respiratory Illness (non-COVID-19¹)

The local health department (LHD) is responsible for completing the report using data from the facility reporting the outbreak (OB). Instructions for fields marked with a superscript number (e.g., ¹) are provided at the end of the form. Sections I–V should be completed for **all** outbreaks.

Additionally:

- **Section VI** should be completed for outbreaks in healthcare facilities including hospitals, skilled nursing facilities, and assisted living facilities.
- **Section VII** should be completed for outbreaks in daycares.
- **Section VIII** should be completed for outbreaks in schools.

Facility Name		Facility Address	
County	MDH OB #	Date OB Closed	
Facility Type <input type="checkbox"/> Assisted Living <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital <input type="checkbox"/> K-12 School <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Group Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other:			Report Amended? <input type="checkbox"/> No <input type="checkbox"/> Yes # _____

Illness/Outbreak Type (check all that apply):

☐ Influenza-like-illness (ILI) ☐ Influenza (lab-confirmed) ☐ Pneumonia ☐ RSV (respiratory syncytial virus)

☐ Group A Streptococcus (strep throat) ☐ Pertussis ☐ Other (please specify): _____

I. INTRODUCTION

Date Outbreak Reported	Reporter	Reporter's Phone Number	Main Contact	Main Contact's Phone Number
Facility to LHD ³	Facility Reporter	Phone Number	Facility Contact <input type="checkbox"/> same as reporter	Phone Number
LHD to MDH ⁴	LHD Reporter	Phone Number	LHD Contact <input type="checkbox"/> same as reporter	Phone Number
MDH Investigator		MDH Investigator's Phone Number		

II. BACKGROUND

	NON-EMPLOYEES	EMPLOYEES	TOTAL
Total number at the facility at the beginning of the outbreak			
If OB only affected one unit, department, or class, number at the beginning of the outbreak			

List affected units/floors/wings or classrooms/cohorts (if facility-wide, write "facility-wide")⁵:

III. CLINICAL RESULTS			
For this section, counts are the numbers of <u>people</u> , not numbers of <u>tests</u> .	NON-EMPLOYEES	EMPLOYEES	TOTAL
Number of ill individuals			
Number of lab-confirmed individuals			
Number of individuals who visited a primary health care provider			
Number of individuals who visited an emergency department			
Number of individuals who were admitted to a hospital (for this illness)			
Number of individuals who died (from this illness)			
Earliest symptom onset date			
Latest symptom onset date			
Number of individuals with symptoms If symptom counts are unavailable, please list the predominant symptoms of this outbreak instead:			
Fever			
Cough			
Sore throat			
Shortness of breath			
Runny nose			
Nasal congestion			
Chest congestion			
Muscle aches			
Chills			
Rash			
Headache			
Vomiting			
Nausea			
Diarrhea			
Pneumonia			
Other (please specify): _____			
Number of individuals with a positive Chest X-ray (CXR) If yes, please describe findings – e.g., bilateral infiltrates, consolidation, interstitial changes:			
Duration of Symptoms for cases Shortest: _____ Longest: _____ Median: _____			

Did anyone receive a diagnosis from a medical professional? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, what was the diagnosis?			
IV. LABORATORY RESULTS					
Was any laboratory testing done? <input type="checkbox"/> Yes <input type="checkbox"/> No (Skip to section V) <input type="checkbox"/> Unknown					
Types of specimens obtained and tested (e.g., NP swab, sputum, etc.)		Type of tests performed (rapid, PCR, etc.)		Location where specimens were tested (e.g., LHD, MDHPHL, etc.)	
TEST	NON-EMPLOYEE # COLLECTED	NON-EMPLOYEE # POSITIVE	EMPLOYEE # COLLECTED	EMPLOYEE # POSITIVE	AGENT(S) IDENTIFIED
Influenza PCR					
Rapid influenza diagnostic test (RIDT or antigen test)					
SARS-CoV-2 (COVID-19) PCR					
SARS-CoV-2 (COVID-19) antigen					
RSV					
<i>Bordetella pertussis</i>					
Bacterial sputum culture					
<i>Legionella</i> urinary antigen					
<i>Streptococcus pneumoniae</i> urinary antigen					
<i>Legionella</i> culture					
<i>Legionella</i> PCR					
Other ⁶ : _____					
V. CONCLUSIONS					
The etiology of the outbreak is: <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown		If confirmed or suspected, provide etiology:		Is the etiologic agent consistent with the observed course of the outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Etiology is suggested by the following epidemiological evidence collected in this investigation: 					
What is the suspected route of transmission of the infectious agent? 					

What is the suspected source of the outbreak?		
Describe changes (if any) in infection control practices at the conclusion of the OB:		
Additional comments:		
VI. HOSPITAL AND LONG-TERM CARE FACILITIES (Complete for hospital/LTC outbreaks only)		
Name of infection preventionist (IP) or other individual responsible for infection control:	Phone Number	Has IP taken the training course? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
How was the outbreak initially recognized by staff (check all that apply)? <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> An unusually high number of cases among staff overall <input type="checkbox"/> An unusually high number of cases among staff in a common unit <input type="checkbox"/> An unusually high number of facility-acquired cases among patients/residents overall </div> <div style="width: 48%;"> <input type="checkbox"/> An unusually high number of facility-acquired cases among patients/residents in a common unit <input type="checkbox"/> Increased surveillance of employee callouts <input type="checkbox"/> Met the MDH outbreak definition <input type="checkbox"/> Other: _____ </div> </div>		
Which unit/department/individual compiles information about employee illness/call outs?	Are employees who call out ill asked about their symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does the facility keep baseline statistics on employee call outs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, do they track (check all that apply): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Daily percentages <input type="checkbox"/> Monthly percentages </div> <input type="checkbox"/> Weekly percentages <input type="checkbox"/> Unknown	
Influenza vaccination coverage rate (fraction or percentage) Among residents/patients: Among staff:	Pneumococcal vaccination rate (fraction or percentage) among residents/patients:	
Were admissions to the OB unit(s) and/or facility restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No If restricted, provide the unit(s) and dates admissions were restricted. If it is facility-wide, check facility-wide and provide dates. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Unit: _____ <input type="checkbox"/> Unit: _____ <input type="checkbox"/> Unit: _____ <input type="checkbox"/> Facility-wide </div> <div style="width: 50%;"> Dates restricted: _____ Dates restricted: _____ Dates restricted: _____ Dates restricted: _____ </div> </div>		
What control measures were implemented (check all that apply)? <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Provided or reviewed outbreak control checklist <input type="checkbox"/> Restricted admissions <input type="checkbox"/> Restricted resident movement (e.g., remain in room) <input type="checkbox"/> Cohorting of ill/exposed residents/patients <input type="checkbox"/> Notified visitors (e.g., posted signs) <input type="checkbox"/> Vaccinations recommended </div> <div style="width: 48%;"> <input type="checkbox"/> Limited or suspended group activities <input type="checkbox"/> Isolated ill resident/patients <input type="checkbox"/> Restricted personnel movement (i.e., cohorted staff) <input type="checkbox"/> Increased environmental cleanliness <input type="checkbox"/> Other: _____ _____ </div> </div>		

FOR INFLUENZA OUTBREAKS ONLY

Were antivirals (e.g., oseltamivir) given as part of this outbreak?

☐ Yes ☐ No ☐ Unknown

If yes, antiviral(s) given:

Which category of individuals received antiviral(s)?

☐ Residents/patients with lab-confirmed influenza

☐ Residents/patients with ILI or other respiratory illness

☐ Ill staff

☐ Other: _____

Which category of individuals received antiviral chemoprophylaxis?

☐ All well residents/patients:

☐ On outbreak unit(s) only

☐ Facility-wide

☐ All well staff:

☐ On outbreak unit(s) only

☐ Facility-wide

☐ Other: _____

VII. DAYCARE (Complete for daycare outbreaks only)

Type of daycare

☐ Home ☐ Center

If home daycare, name of home:

Specify the age range of ill daycare attendees:

From _____ to _____

Absenteeism

Day of report (number or percentage):

Baseline (number or percentage):

Did the daycare facility close due to the OB?

☐ Yes ☐ No

If closed, provide the dates of the closure:

VIII. SCHOOL (Complete for K-12 school outbreaks only)

Type of school

☐ Public ☐ Private

School description

☐ Elementary ☐ Middle school ☐ High school ☐ K-8 ☐ K-12

Absenteeism

Day of report (number or percentage):

Baseline (Number or percentage):

Did the school close because of the outbreak?

☐ Yes ☐ No

If closed, provide the dates of closure:

FURTHER INSTRUCTIONS

¹ For COVID-19 outbreaks, please complete the COVID-19 [Outbreak Summary Report Form](#). For reporting other communicable disease outbreaks, refer to the [MDH Disease/Condition-Specific Forms](#) webpage.

² If a report has been submitted for this outbreak before, check Yes. Indicate how many times the report has been submitted (for example, if you have submitted it once before and then had to revise and resubmit, you would indicate that this is #2).

³ Date that the facility first reported the outbreak to the LHD.

⁴ Date that LHD first reported the outbreak to MDH. If the outbreak reopens, use the original reporting date.

⁵ For example, 2nd floor, X unit, Y classroom, 5th grade teachers, kindergarten teachers, soccer team.

⁶ Other tests may include respiratory panels such as BioFire or bacterial or viral cultures.

ATTACHED MATERIALS:

☐ Line list

☐ Epi-curve

☐ Other: _____

LHD Signature: _____ Date sent by LHD: _____