

# REPORT FORM: OUTBREAK OF INFLUENZA-LIKE ILLNESS (ILI) OR INFLUENZA IN A SCHOOL

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MDH Outbreak # \_\_\_\_\_

Date of report: \_\_\_/\_\_\_/\_\_\_\_\_ Jurisdiction: \_\_\_\_\_

LHD contact person: \_\_\_\_\_ Facility contact person: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Description:

<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> K-8 <input type="checkbox"/> K-12	<input type="checkbox"/> Public <input type="checkbox"/> Private
<input type="checkbox"/> Special needs <input type="checkbox"/> Vocational <input type="checkbox"/> Other: _____	
Number of students enrolled at the school: _____	Number of staff: _____

Date the outbreak was first recognized: \_\_\_/\_\_\_/\_\_\_\_\_

Absenteeism: Day of report (# or %): \_\_\_\_\_ Baseline (# or %): \_\_\_\_\_

Number of health room visits on day of report: Total: \_\_\_\_\_ For ILI: \_\_\_\_\_

Special populations affected or clusters identified? YES NO

- Specify grades/class, or defined population (e.g., team, club):  
\_\_\_\_\_

Agent identified:  Yes  No  Unknown  Clinical diagnosis made by healthcare provider?

If Yes:  Influenza A  Influenza B  Type unknown or  Other: \_\_\_\_\_

Was school or class dismissed/closed for any days? YES NO

- If yes, on what date? \_\_\_/\_\_\_/\_\_\_\_\_ For how many days? \_\_\_\_\_

Date outbreak ended\*: \_\_\_/\_\_\_/\_\_\_\_\_

## Optional information:

### STUDENTS:

# of cases (TOTAL)

# with lab-confirmed influenza

# with ILI

# of hospital admissions

### STAFF:

# of cases (TOTAL)

# with lab-confirmed influenza

# with ILI

# of hospital admissions

List the symptoms and their frequency experienced by cases in this outbreak:

\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\*Influenza/ILI outbreak considered over when baseline absenteeism <doubled AND <5 cases of ILI seen in school health room in one day OR no new cases seen in school health room from previously recognized cluster/outbreak setting (such as previously identified classroom) for 3 consecutive days.