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

MDH Outbreak #________________
Date of report: ___/___/_______ Jurisdiction: _______________________________
LHD contact person: ___________________ Facility contact person: ___________________
Name of School: __________________________

School Description:

☐ Elementary ☐Middle ☐ High ☐ K-8 ☐K-12 ☐ Public ☐ Private
☐ Special needs ☐ Vocational ☐ 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: STAFF:
# of cases (TOTAL) # of cases (TOTAL)
# with lab-confirmed influenza # with lab-confirmed influenza
# with ILI # with ILI
# of hospital admissions # 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.