

16293
Rev. 9/2014

**Massachusetts Department of Public Health
Bureau of Infectious Disease**

305 South Street, Room 563, Jamaica Plain, MA 02130
Phone: 617-983-6800 Confidential Fax: 617-983-6220

Received in Surveillance:
 / /

Influenza/Respiratory Illness LTCF Cluster Reporting Form

Report Date: (mm/dd/yyyy) / / **Facility Name:**

Address:

City: **St:** **ZIP:** **Facility Type:** Long Term Care Assisted Living Other
Specify: _____

Facility Contact: **Phone:** () -

Facility Census: **Total Clients:** **Total Staff:** **Total Wings/Units:**

VACCINE INFORMATION

Clients vaccinated against influenza: **Staff vaccinated against influenza:**

CLUSTER INFORMATION

ILL Clients: **Symptom:** All Most Some None **First Onset Date:** / /

ILL Staff: **Latest Onset Date:** / /

Wings/Units Impacted:

Fever (>=100°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
URI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____			

----Total Clients and Staff ----

Died: **Hospitalized**

LABORATORY INFORMATION

Has lab testing been done?	Test	# Tested	# Positive	Result (e.g. influenza A/B, RSV, streptococcus pneumoniae)
<input type="checkbox"/> Yes --- > <i>If yes, what testing has been done?</i> <input type="checkbox"/> No <input type="checkbox"/> Unknown	Rapid Influenza Test:	<input type="text"/>	<input type="text"/>	_____
	Influenza culture/PCR:	<input type="text"/>	<input type="text"/>	_____
	Other viral culture	<input type="text"/>	<input type="text"/>	_____
	Blood Culture:	<input type="text"/>	<input type="text"/>	_____
	Legionella:	<input type="text"/>	<input type="text"/>	_____
	Other (specify): _____	<input type="text"/>	<input type="text"/>	_____

CONTROL MEASURES AND NOTIFICATION

Have control measures been implemented, as outlined in LTCF Guidelines? Yes No

Have you notified your licensing or certifying agency? Yes No **Licensing Agency:** DHCQ Elder Affairs

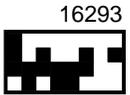
Date LBOH Notified: / / (mm/dd/yyyy)

Make solid marks that fit in the response boxes. Please use black or blue ink. Right way ->

A	B
---	---

 Wrong way ->

A	B
---	---



16293

Long Term Care & Assisted Living Reporting Forms: Guidelines for Reporting Influenza/Respiratory Illness Clusters

Please use the following form to report clusters of respiratory illness in long term care and assisted living facilities to the Bureau of Infectious Disease, Epidemiology and Immunization Program at the Massachusetts Department of Public Health (MDPH).

When a cluster is identified at a LTCF, the following report form should be completed with the information known to date and faxed to the MDPH Office of Integrated Surveillance and Informatics Services (ISIS) at (617) 983-6220. Upon receipt of the report, an MDPH epidemiologist or the local board of health will contact the facility to discuss the cluster.

Only submit one form per cluster at your facility.

Updates to a previously reported cluster can be shared with an epidemiologist over the phone.

When to report:

Facilities are encouraged to call as soon as they are concerned about their clients, whether it is one client or more. One positive flu test in a LTCF is identified as a cluster due to the high likelihood that it will spread rather easily.

About the form:

Facility Demographics

This section collects basic information such as facility type (long-term care, assisted living, etc.), the number of wings or units at the facility, and a census of the total number of clients and staff at the time of report.

Vaccine Information

Provide the total number of clients and staff that have had their annual influenza vaccination.

Cluster Information

Report when illness began among staff and residents at your facility, symptoms present, and any hospitalizations among residents or staff members associated with respiratory illness.

Laboratory Information

This section asks about laboratory testing for influenza. If there has been lab testing, please specify what type of testing was done, how many people were tested and how many were positive. Please be sure to specify the results of any positive tests. The Hinton State Laboratory Institute (HSLI) is able to provide influenza kits to your facility when you have had recent onset of influenza-like-illness. Arrangements can be made for HSLI to deliver kits as well as pick up kits once specimens have been collected.

Control Measures and Notification

Facilities are required to report clusters of illness to their licensing or certifying agency:

- **Long-Term Care Facilities** must report clusters to the Department of Public Health's Bureau of Health Care Safety & Quality by using the web-based Health Care Facility Reporting System (HCFRS). Please enter the incident type as "epidemic/disease".
- **Assisted Living Residences** Incident Reporting to the Certification Unit Program at the Executive Office of Elder Affairs per 651CMR 12.04(11)
 1. All Reportable Assisted Living Incident Reports (Individual and/or Facility Wide) are submitted via the Automated Quickbase Reporting system which is accessed at <http://alrir.800ageinfo.com/>
 2. For residence-wide outbreaks or complaints, call the Assisted Living Ombudsman Program at Elder Affairs:
(617) 727.7750

In addition, your local board of health should be notified of the GI illness cluster at your facility.