



31225

Rev. 3/2019

Massachusetts Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences

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

Received in Surveillance:

Grid for recording surveillance receipt date (MM/DD/YYYY)

Influenza/Respiratory Illness Cluster Reporting Form

Report Date: (mm/dd/yyyy) Facility Name: [Grid]

Address: [Grid]

City: [Grid] ST: [Grid] ZIP: [Grid] Facility Type: [ ] Long Term Care [ ] Assisted Living [ ] Other
Specify: \_\_\_\_\_

Facility Contact: [Grid]

Phone: ([Grid]) [Grid] - [Grid] Email: [Grid]

FACILITY CENSUS

Total Clients: [Grid] Total Staff: [Grid] Total Wings/Units: [Grid] Age Group of Clients: <25 [ ] 25-49 [ ] 50-64 [ ] ≥65 [ ]
ILL Clients: [Grid] ILL Staff: [Grid] Wings/Units Impacted: [Grid] (Select all that apply)

CLUSTER INFORMATION

Percent vaccinated against influenza: <25% [ ] Clients: [ ] Staff: [ ] Symptoms observed: Fever (>=100°F) [ ] Cough [ ] Sore Throat [ ] Pneumonia [ ] Other [ ]
First Onset Date: [Grid] Latest Onset Date: [Grid] Died: [Grid] Hospitalized: [Grid]
----Total Clients and Staff ----

LABORATORY INFORMATION

Has lab testing been done? [ ] Yes [ ] No [ ] Unknown
Test # Tested # Positive Result (e.g. influenza A/B)
Rapid Influenza Test: [Grid] [Grid] \_\_\_\_\_
Influenza PCR: [Grid] [Grid] \_\_\_\_\_
Influenza Culture: [Grid] [Grid] \_\_\_\_\_
Other (specify): [Grid] [Grid] \_\_\_\_\_

CONTROL MEASURES AND NOTIFICATION

Which of the following control measures have been implemented:
[ ] Antiviral treatment for ill residents
[ ] Laboratory testing of ill residents
[ ] Isolation and/or cohorting of ill residents
[ ] Droplet Precautions
[ ] Encourage respiratory hygiene and cough etiquette
[ ] Active surveillance for new cases
[ ] Antivirals for non-ill residents/outbreak control
[ ] Offer vaccine to unvaccinated staff/residents
Have you notified your licensing or certifying agency? [ ] Yes [ ] No
Licensing Agency: [ ] DHCQ [ ] Elder Affairs
Date LBOH Notified: [Grid] / [Grid] / [Grid] (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]

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## **Influenza/Respiratory Illness Reporting Forms: Guidelines for Reporting Influenza/Respiratory Illness Clusters**

Please use the following form to report clusters of respiratory illness in long term care, assisted living facilities, correctional facilities, daycares, schools, group homes and other settings to the Bureau of Infectious Disease and Laboratory Sciences, Division of Epidemiology at the Massachusetts Department of Public Health (MDPH).

When a cluster is identified at a facility, 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 and/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 or email, and is considered the same outbreak if within 2 weeks of the latest onset. If it is greater than 2 weeks after the last onset, a new teleform should be submitted.

### **When to report:**

Facilities are encouraged to report via teleform as soon as they recognize illness in their clients. (One positive flu test in a LTCF or assisted living facility is identified as a cluster, as are 3 or more residents with Influenza Like Illness (ILI), due to the high likelihood that it will spread rather easily.) ILI is defined as: Fever of  $\geq 100^{\circ}\text{F}$  and cough and/or sore throat.

### **About the form:**

#### **Facility Demographics**

This section collects basic information such as facility type (long-term care, assisted living facilities, correctional facilities, daycares, schools, group homes 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 and Cluster Information**

Provide the total percent of clients and staff that have had their annual influenza vaccination, if available.

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 Massachusetts State Public Health Laboratory (MA SPHL) is able to provide influenza kits to your facility when you have had recent onset of influenza-like-illness. Arrangements can be made for MA SPHL 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 LBOH as well as 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) via the virtual gateway <https://sso.hhs.state.ma.us>
- **Assisted Living Residences** Incident Reporting to the Certification Unit Program at the Executive Office of Elder Affairs per 651CMR 12.04(11)
  - 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/>
  - For residence-wide outbreaks or complaints, call the Assisted Living Ombudsman Program at Elder Affairs: (617) 727.7750

In addition, remember to notify your local board of health of the respiratory illness cluster at your facility.