

**RESPIRATORY ILLNESSES IN LONG-TERM CARE FACILITIES
OUTBREAK SUMMARY FOR LONG TERM CARE FACILITIES**

Date _____

DHMH Outbreak # _____

(Obtain from DHMH Division of Outbreak Investigation @ 410-767-6677)

Facility Name: _____ County: _____

Person completing this form: _____ Agency _____

RESIDENTS

No. Cases of Influenza/ILI _____	Total No. Residents in Facility _____
No. Cases of ARD _____	No. Case Hospitalizations _____
No. Cases of AFRD _____	Onset of First Case _____/____/____
No. Cases of Deaths _____	Onset of Last Case _____/____/____
_____/____/____	

EMPLOYEES

No. Cases of Influenza/ILI _____	Total No. Employees in Facility _____
No. Cases of ARD _____	No. Case Hospitalizations _____
No. Cases of AFRD _____	Onset of First Case _____/____/____
No. Cases of Deaths _____	Onset of Last Case _____/____/____
_____/____/____	

LABORATORY SPECIMENS

Type and number of lab specimens submitted:

Type of Lab Specimen/ Procedure	Number Submitted	Results
Viral Throat Culture		
Rapid Antigen Test		
Acute Serology		
Convalescent Serology		
Other (specify: _____)		

Total number of laboratory confirmed cases: _____

Confirmed by:

culture alone: _____

rapid antigen test alone: _____

serology alone: _____

culture and rapid antigen test: _____

culture and serology: _____

serology and rapid antigen test: _____

culture, serology, and rapid antigen test: _____

Causative Agent (if known): _____