Ingham County Health Department

Linda S. Vail, MPA, Health Officer

Facility Outbreak Intake Form – Influenza Like Illness

Facility Information

Facility Name: _____
Facility Address: _____
Facility Type: _____
Contact Name: _____
Contact Phone: _____ Fax: _____

Clinical Presentation

Symptoms: □ Fever _____ □ Chills □ Myalgia □ Headache □ Cough □ Sore Throat

Total # of Residents: _____ Total # Ill Residents: _____ Total # of Well Residents: _____

Total # of Employees _____ Total # of Ill Employees: _____ Total # of Well Employees: _____

Date of Illness onset of first ill person: _____ Time Onset: _____ Duration of symptoms in

Hours: _____ Vaccination status of first ill person □ Resident □ Employee □ Vaccinated □ Unvaccinated
Geographic location of ill residents:
_____

Total # of Residents: _____ Total # Ill Residents: _____ Total # of Well Residents: _____

Total # of Employees _____ Total # of Ill Employees: _____ Total # of Well Employees: _____

Total # of vaccinated Residents: _____ Total # of vaccinated Employees: _____

Testing

Testing done? If yes, what method and what were the results? _____
_____
_____
If no, is the facility willing and able to test? _____

Additional Information

Facility Infection Control Actions: _____
_____
_____
_____
Comments: _____
_____
_____
_____
ICHD staff completing form: _____ Date: _____
ICHD TO: Fax immediately to MDCH Influenza Coordinator 517-335-8263
File in the most recent ICHD Influenza Facility Outbreak folder by season (e.g. 2010-2011 and not simply 2010)
S:\HDC\OUTBREAK\Non FBIO Forms\Influenza Intake Form.doc