**INTAKE FOR ACUTE RESPIRATORY INFECTION IN LTC**

*FAX COMPLETE FORM AND LINE LIST TO WAUKESHA COUNTY HEALTH DEPT:* ***262-896-8387***

*\*PLEASE FAX ANY POSITIVE LAB RESULTS APPLICABLE TO OUTBREAK*

|  |  |
| --- | --- |
| DATE:       | Telephone #:       |
| FACILITY NAME:       | Fax #:       |
| facility address:       | contact person:       |
|  | email:       |

|  |  |
| --- | --- |
| tOTAL # OF rESIDENTS:       | % vACCINATED FOR FLU:       |
| TOTAL # OF STAFF:       | % vACCinated FOR flu:       |
|  |
| ARE THERE 3 OR MORE RESIDENTS AND/OR STAFF FROM THE SAME UNIT WITH ILLNESS ONSET WITHIN 72 HOURS OF EACH OTHER WHO HAVE: Pneumonia?  Acute Respiratory Infection?  Laboratory confirmed viral or bacterial infection (including influenza)?  |
| \*IF NO, THIS CURRENTLY DOES NOT MEET CRITERIA FOR AN OUTBREAK THAT NEEDS TO BE REPORTED AT THIS TIME |

|  |
| --- |
| FOR EACH UNIT AFFECTED, COMPLETE SECTION BELOW: |
| nAME OF uNIT:       |  |
| RESIDENTS ILL on unit:      STAFF ILL on unit:       | TOTAL RESIDENTS ON UNIT: TOTAL STAFF ON UNIT:  |
| nAME OF uNIT:       |  |
| RESIDENTS ILL on unit:      STAFF ILL ON UNIT:       | TOTAL RESIDENTS ON UNIT: TOTAL STAFF ON UNIT:  |
| earliest onset date for residents:       | eARLIEST ONSET DATE FOR STAFF:       |
| *\*If there are additional units affected, please add an additional page containing that information.*  |

DESCRIPTION OF CLUSTER: (Include symptoms with onset date and testing results/planned):

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  FEVER | [ ]  COUGH | [ ]  SOB |  |
| [ ]  NASAL CONGESTION | [ ]  SORE THROAT | [ ]  LOW O2 |  |
| [ ]  INCREASED MUSCLE ACHES | [ ]  OTHER       | [ ]  LOSS OF TASTE/SMELL |  |

Current control measures: (Check those that are in place/plan to be implemented)
[ ]  Symptomatic residents on Droplet Precautions

[ ]  Antiviral prophylaxis for non-ill residents and non-vaccinated staff

[ ]  For affected units: new admissions and visitors restricted

[ ]  Ill staff excluded

[ ]  Limit staff from floating between units

[ ]  Institute and increase cleaning measures per WIDPH guidelines

NOTES:

Are you currently working with a public health contact for any other outbreak?

If yes, what is the name of that contact?

LINks: [STATE GUIDELINES FOR ARI IN LTCf](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.dhs.wisconsin.gov%2Fdph%2Fmemos%2Fcommunicable-diseases%2F2021-13.pdf&data=04%7C01%7Clborisek%40waukeshacounty.gov%7C8e26192db78749b3526708d9e67e5e20%7Ce73e7aacbf234753b33df405529c3fb6%7C0%7C0%7C637794252684969399%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=xG9pH%2F39rV8%2FkV%2BEpG5zq49cZWHCCPG6OZaA2Xzd5SE%3D&reserved=0)