

Outbreak Reporting:

- Report acute respiratory outbreaks as soon as possible in the following situations:
 - A sudden increase of acute febrile respiratory illness cases over the normal background rate; OR when any resident tests positive for influenza. Once case of a lab confirmed influenza by any testing method in a LTCF resident is considered an outbreak

- Report all suspected and confirmed outbreaks to the following:
 - Long Term Care Facility (LTCF) Medical Director
 - Butte County Public Health Department
 - Oroville Reporting Line: (530) 538-2889 **or** (530) 538-7276
 - Chico Reporting Line: (530) 891-2871 **or** (530) 891-2863
 - Licensing and Certification (L&C) district office.
 - <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.asp>
[x](#)

- Complete line list for ill residents and staff and fax to Butte County Public Health Department (see sample line list)
 - Oroville fax (530) 538-5387
 - Chico fax (530) 879-3309



Case Log of Residents With **Acute Respiratory Illness (including Influenza) and/or Pneumonia**

Facility Name:	Facility Type:	Current Census:	Bed Capacity:
Person Completing Form:		Title:	Phone:

Resident Information			Resident Location			Vaccination Status		Illness Description											Influenza Test Results		Pneumo-coccal Test Results		Antivirals	Antibiotics	Illness Outcomes and Additional Comments					
Name (Use only initials if submitting by email or internet)	DOB (Preferred) or Age	Sex (M/F)	Building	Unit	Room #, Bed Designation	Influenza (Y/N)	Pneumococcal (Y/N)	Date Onset Illness	Highest Temperature	Cough (Y/N)	Malaise/Fatigue (Y/N)	Chills/Rigors (Y/N)	Sore Throat (Y/N)	Arthralgias/Myalgias (Y/N)	Change in Respiratory Status (e.g., Sputum) (Y/N)	Pneumonia (Y/N)	CXR Confirmed (Y/N)	Rapid Test (A+, B+, AB+, Neg, Not Done (ND))	PCR or Viral Culture	Gram Stain	Sputum Culture	Date Started	Date Started	Influenza (Y/N)	Pneumonia (Y/N)	Hospitalized (Y/N)	Days Hospitalized	Died (Y/N), if Yes (Date)	Comments	

*Adapted from the California Department of Public Health Services Guidelines (CDPH) Division of Communicable Disease Control, October 2006. Page 1 of ___
 **This form may be completed electronically and emailed to the Public Health Nurse working with facility staff on this outbreak OR to the epidemiologist at: llewis@buttecounty.net

OR

This form may be printed out for completion by hand then faxed to either (530) 538-5387 (Oroville) OR (530) 879-3309 (Chico).
 If emailed, enter only patient initials and NOT full names in order to protect patient confidentiality.



Case Log of Staff with **Acute Respiratory Illness and/or Pneumonia**

Facility Name:	Facility Type:
Person Completing Form:	Title: Phone:

Staff Information			Staff Position and Location		Influenza Vaccine		Illness Description								Influenza Test Results		Antiviral Drugs	Illness Outcomes and Additional Comments					
Name (Use only initials if submitting by email or internet)	DOB (Preferred) or Age	Sex (M/F)	Job Title	Location	Influenza (Y/N)	Pneumococcal (Y/N)	Date Onset Illness	Highest Temperature	Cough (Y/N)	Malaise/Fatigue (Y/N)	Chills/Rigors (Y/N)	Sore Throat (Y/N)	Arthralgias/Myalgias (Y/N)	Change in Respiratory Status (e.g., Sputum) (Y/N)	Pneumonia (Y/N)	Rapid Test (A+, B+, AB+, Neg, Not Done (ND))	PCR or Viral Culture	Date Started	Date Resolved	Influenza (Y/N)	Pneumonia (Y/N)	Date Returned to Work	Comments

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OR

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