

1. Outbreak Identification

Outbreak identifier	_____	County	_____
CCA/LHO	_____	HSE-Area	_____
First reported date	____/____/____	Onset date of <i>first</i> case	____/____/____
Onset date of <i>last</i> case	____/____/____	Recognition of outbreak date	____/____/____
Reported by (name)	_____	Position	_____
Telephone	_____	Fax	_____
Email	_____		

2. Outbreak notification source (please tick all that apply)

General practitioner	<input type="checkbox"/>	Laboratory report	<input type="checkbox"/>
Hospital Clinician	<input type="checkbox"/>	Other	<input type="checkbox"/>
If other , please specify	_____		

3. Extent of the outbreak (please tick one)

Local	<input type="checkbox"/>	(confined to 1 HSE-Area)
Across HSE-Area	<input type="checkbox"/>	(2 adjacent HSE-Areas)
National	<input type="checkbox"/>	(3 or more HSE-Areas or 2 or more non-adjacent HSE-Areas)
Cross border	<input type="checkbox"/>	
International	<input type="checkbox"/>	

4. Type of outbreak (please tick one)

Family outbreak	<input type="checkbox"/>	General outbreak	<input type="checkbox"/>
-----------------	--------------------------	------------------	--------------------------

5. Main location of the outbreak (please tick one)

Community hospital/Long stay unit	<input type="checkbox"/>	Community outbreak	<input type="checkbox"/>	Crèche	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	Private house	<input type="checkbox"/>	Residential institution	<input type="checkbox"/>
School	<input type="checkbox"/>	University/College	<input type="checkbox"/>	Travel related	<input type="checkbox"/>
Extended Family	<input type="checkbox"/>	Workplace	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Other	<input type="checkbox"/>				
If other , please specify	_____				

Describe (include name of institution / location etc.):

6. Pathogen

a. Was the pathogen identified? Yes No

If **Yes**, specify pathogen identified:

(if influenza specify type, subtype & strain if available)

b. Name of laboratory where tests were conducted:

c. Were specimens referred to the NVRL? Yes No Unknown Date referred ____/____/____

d. What pathogens were tested for?

Standard ILI suite Unknown

7. Exposure

Number ill	_____	Number hospitalised	_____
Number dead	_____	Number at risk/exposed	_____
Number laboratory confirmed	_____	Number laboratory investigated	_____
Number with clinical symptoms only	_____		

8. Number of cases by sex:

Males _____ Females _____ Sex Unknown _____

9. Number of cases by age group:

0–1 yr _____ 2–4 yrs _____ 5–9 yrs _____ 10–19 yrs _____ 20–49 yrs _____ 50–64 yrs _____ 65+ yrs _____ Age NK _____

10. Symptoms: (Please tick all that occurred)

Cough	<input type="checkbox"/>	Diarrhoea	<input type="checkbox"/>	Fatigue/Malaise	<input type="checkbox"/>	Fever	<input type="checkbox"/>
Headache	<input type="checkbox"/>	Myalgia	<input type="checkbox"/>	Sore throat	<input type="checkbox"/>	Dyspnoea	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>	Sneezing	<input type="checkbox"/>	Conjunctivitis	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other, please specify _____

11. Complications: (Please tick all that apply)

a. Total number with pneumonia _____	b. Total number with otitis media _____
c. Total number with encephalitis _____	d. Total number with other complications _____

12. In healthcare settings:

a. Number staff ill _____	b. Number clients/hospital patients ill _____
---------------------------	---

13. Measures taken: (Please tick all that apply)

Outline main control measures undertaken:

Information/self-monitoring	<input type="checkbox"/>	Contacts vaccinated	<input type="checkbox"/>
Hygiene advice	<input type="checkbox"/>	Antivirals	<input type="checkbox"/>
Advice on respiratory etiquette	<input type="checkbox"/>	Quarantine	<input type="checkbox"/>
Closure of institution	<input type="checkbox"/>	Isolation/cohorting	<input type="checkbox"/>

14. Report

Will a full outbreak report be available? Yes No

15. Laboratory results relating to the outbreak

All individuals tested during the outbreak:	Ill people		Well people	
	No. of samples tested	No. positive	No. of samples tested	No. positive

16. Any additional comments: (include actions taken & any other aspects not covered)

Please forward Full Outbreak Report and Epi-curve if available

Notifying Doctor: _____ Date: ____/____/____

Please see latest version of Influenza-like illness and Influenza Outbreak CIDR reporting guidelines which are posted in the Reference Materials section of CIDR

Surveillance of ILI/influenza outbreaks will be confined to:

1. Clusters of influenza-like illness (ILI) in institutions e.g. schools, hospitals, residential care facilities for the elderly, prisons, special needs schools, etc.
2. Unusual clusters of serious illness

A case definition for surveillance of clusters/outbreaks of ILI in the above situations is outlined below:

Case Definition

Three¹ or more cases of influenza-like illness (ILI) or influenza or serious illness suggestive of influenza arising within the same 72 hour period in the above settings/situations which meet the same clinical case definition and where an epidemiological link can be established.

Interim Guidance regarding surveillance to detect clusters/outbreaks of influenza or influenza-like illness is available on the HPSC website <http://www.hpsc.ie/hpsc/A-Z/Respiratory/Influenza/SeasonalInfluenza/Surveillance/SurveillanceGuidance/>

Influenza-like illness (ILI) symptoms using the new EU ILI definition²

Sudden onset of symptoms AND at least one of the following four systemic symptoms: fever or feverishness, malaise, headache, myalgia AND at least one of the following three respiratory symptoms: cough, sore throat and shortness of breath.

The case definition for influenza is available at: <http://www.hpsc.ie/hpsc/NotifiableDiseases/CaseDefinitions/>³

¹ This does not preclude the investigation of lower numbers of cases following public health risk assessment

² The EU ILI definition is now being used by sentinel GPs for influenza surveillance

³ Note: The ILI definition currently in use is the EU ILI definition