

ACUTE RESPIRATORY ILLNESS OUTBREAK REPORT FORM

OUTBREAK INFORMATION																														
Outbreak classification <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect	Local outbreak tracking number	First onset date	Last onset date																											
Pathogen/s identified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify pathogen/s _____																														
SETTING INFORMATION																														
Setting type/s (check all settings where illnesses occurred) <input type="checkbox"/> Non-congregate <input type="checkbox"/> Congregate/Institution Specify setting type/s (e.g. skilled nursing, jail, school, etc) _____																														
Location or facility name		Location or facility contact name	Facility contact number																											
If non-congregate setting: Total number of persons exposed: _____		If congregate/institutional setting: Total number of residents/students at time of outbreak: _____ Total number of staff at time of outbreak: _____																												
CLINICAL INFORMATION																														
Case definition used during the outbreak																														
Predominant symptoms experienced by reported cases: <input type="checkbox"/> Fever (100°F/37.8°C or greater) <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Other If other, specify: _____																														
Age range: _____ to _____ yrs.	Median age if available: _____	Number (%) Female: _____																												
Number of cases with fever	Highest temperature recorded _____ °F _____ °C	Number with clinical diagnosis of pneumonia	Number with abnormal chest x-ray																											
Number hospitalized due to outbreak illness	Number admitted to the ICU due to outbreak illness	Number died due to outbreak illness																												
Total number of cases that meet case definition _____ If congregate/institutional setting, number among residents/students _____ Number among staff members _____																														
LABORATORY INFORMATION (Please attach copies of test results, if available)																														
Total number of cases tested _____ If congregate/institution setting, number among residents/students _____ number among staff members _____		Total number of laboratory-confirmed cases _____ If congregate/institution setting, number among residents/students _____ number among staff members _____																												
Type of specimens obtained and tested (e.g. NP swab, etc.)	Type of tests performed (e.g. rapid, PCR, etc)	Location where specimens were tested (e.g. local PHL, VRDL, etc.)																												
Results <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Influenza A <input type="checkbox"/> (H3) <input type="checkbox"/> (H1)pdm09 <input type="checkbox"/> (A Unknown)</td> <td style="width: 30%;"> <input type="checkbox"/> Positive (# positive cases: _____) </td> <td style="width: 30%;"> <input type="checkbox"/> Negative (# negative cases: _____) </td> </tr> <tr> <td>Influenza B <input type="checkbox"/> (Yamagata) <input type="checkbox"/> (Victoria) <input type="checkbox"/> (B Unknown)</td> <td> <input type="checkbox"/> Positive (# positive cases: _____) </td> <td> <input type="checkbox"/> Negative (# negative cases: _____) </td> </tr> <tr> <td>Influenza type undetermined</td> <td> <input type="checkbox"/> Positive (# positive cases: _____) </td> <td> <input type="checkbox"/> Negative (# negative cases: _____) </td> </tr> <tr> <td>RSV</td> <td> <input type="checkbox"/> Positive (# positive cases: _____) </td> <td> <input type="checkbox"/> Negative (# negative cases: _____) </td> </tr> <tr> <td><i>Bordetella pertussis</i></td> <td> <input type="checkbox"/> Positive (# positive cases: _____) </td> <td> <input type="checkbox"/> Negative (# negative cases: _____) </td> </tr> <tr> <td><i>Legionella pneumophila</i></td> <td> <input type="checkbox"/> Positive (# positive cases: _____) </td> <td> <input type="checkbox"/> Negative (# negative cases: _____) </td> </tr> <tr> <td>Coccidioidomycosis (Valley fever)</td> <td> <input type="checkbox"/> Positive (# positive cases: _____) </td> <td> <input type="checkbox"/> Negative (# negative cases: _____) </td> </tr> <tr> <td>Other, specify: _____</td> <td> <input type="checkbox"/> Positive (# positive cases: _____) </td> <td> <input type="checkbox"/> Negative (# negative cases: _____) </td> </tr> <tr> <td>_____</td> <td> <input type="checkbox"/> Positive (# positive cases: _____) </td> <td> <input type="checkbox"/> Negative (# negative cases: _____) </td> </tr> </table>				Influenza A <input type="checkbox"/> (H3) <input type="checkbox"/> (H1)pdm09 <input type="checkbox"/> (A Unknown)	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	Influenza B <input type="checkbox"/> (Yamagata) <input type="checkbox"/> (Victoria) <input type="checkbox"/> (B Unknown)	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	Influenza type undetermined	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	RSV	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	<i>Bordetella pertussis</i>	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	<i>Legionella pneumophila</i>	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	Coccidioidomycosis (Valley fever)	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	Other, specify: _____	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)	_____	<input type="checkbox"/> Positive (# positive cases: _____)	<input type="checkbox"/> Negative (# negative cases: _____)
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Laboratory information comments																														
RISK FACTORS																														
Check all risk factors that may have contributed to the outbreak. <input type="checkbox"/> Close contact with a laboratory-confirmed case <input type="checkbox"/> Animal exposure Specify animal exposure: _____ <input type="checkbox"/> Other environmental exposure Specify/describe other environmental exposure: _____ <input type="checkbox"/> Other risk factors Specify other risk factors: _____																														

CONTROL MEASURES – NON-CONGREGATE SETTING ONLY

Check all control measures taken in response to the outbreak.

- ☐ Isolation/home restriction of symptomatic persons
- ☐ Antiviral prophylaxis offered to household or other contacts
- If prophylaxis offered, how many _____

☐ Other control measures Specify other control measures: _____

CONTROL MEASURES – CONGREGATE SETTING ONLY

FOR ALL RESPIRATORY OUTBREAKS. Check all control measures taken in response to the respiratory outbreak.

- ☐ Facility temporarily closed to new admissions ☐ Facility temporarily closed to visitors
- ☐ Ill resident activity restrictions (e.g. remain in their room) ☐ Staff cohorted to specific patients and/or areas
- ☐ Increased education on personal hygiene (respiratory and hand)
- ☐ Medical interventions used for outbreaks other than influenza List medical interventions _____
- ☐ Environmental measures taken List environmental measures taken _____
- ☐ Other measures List other measures taken _____

FOR INFLUENZA OUTBREAKS ONLY. Check all control measures taken in response to the influenza outbreak.

	Residents/students	Staff
Were symptomatic people offered antiviral treatment? If yes, total number treated Antiviral prescribed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ _____
Were asymptomatic people offered antiviral prophylaxis? If yes, total number treated Antiviral prescribed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ _____
Were people vaccinated against influenza ≥ 14 days before the outbreak began? If yes, total number vaccinated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____
Were people offered catch-up influenza vaccination after the outbreak began? If yes, total number vaccinated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____
Were residents vaccinated against S. pneumonia ≥ 14 days before the outbreak began? If yes, total number vaccinated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____	

ADDITIONAL INFORMATION: If available, please attach a facility map, epidemic curve (graph of outbreak cases by time), laboratory results and a summary of the local investigation (if completed). If no summary exists, please provide any other important details and descriptions relevant to the investigation below, including any **initial investigative activity, data collection and analyses methods** (e.g. case finding, cohort/case control studies, environmental, etc) and **epidemiologic tools relevant to the investigation** (e.g. epidemic curves, attack rate tables, questionnaires).

Comments / Remarks (e.g. methods, findings, results, etc):

Discussion and/or conclusions:

List summaries or other documents attached with this form

REPORTING LOCAL HEALTH JURISDICTION (LHJ) INFORMATION

LHJ investigator name	Local health jurisdiction	LHJ investigator telephone number
Date and time LHJ was initially notified of the outbreak _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		Date and time LHJ initiated the investigation _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Date LHJ closed the investigation		Date LHJ Submitted to State

OTHER KEY STAFF OR ORGANIZATIONS/AGENCIES INVOLVED AND/OR NOTIFIED

List the names of other staff from the LHJ or outside agencies that were involved in the investigation or notified of the outbreak.

RESPIRATORY OUTBREAK DEFINITIONS (October 2025)

Respiratory virus outbreaks are required to be reported, per Title 17, and are defined and managed by the setting-specific guidance outlined below. The guidance serves as a model and does not replace local health jurisdiction (LHJ) outbreak thresholds and/or reporting requirements.

OUTBREAKS IN HEALTHCARE SETTINGS

Healthcare settings include, but are not limited to: acute-care hospitals, long-term care facilities, such as nursing homes and skilled nursing facilities, physicians' offices, urgent-care centers, and outpatient clinics.

Healthcare Outbreak Definitions:

- **COVID-19 and influenza outbreaks:** Follow the Council for Outbreak Response: Healthcare-Associated Infections and Antimicrobial-Resistant Pathogens (CORHA) outbreak definitions for COVID-19 and influenza. The thresholds for reporting are:
 - "Report to Public Health" threshold: Facilities should report to the LHJ where the facility is located
 - "Outbreak Definition" threshold: LHJs should report to CDPH
- **Non-influenza and non-COVID-19, respiratory outbreak of known etiology:** At least one case of a laboratory-confirmed respiratory pathogen, other than influenza or COVID-19, in the setting of a cluster (≥ 2 cases) of acute respiratory illness (ARI*) within a 72-hour period.
- **Respiratory outbreak of unknown etiology:** A sudden increase of ARI* cases over the normal background rate in the absence of a known etiology.

For additional guidance on reporting outbreaks and unusual infectious disease occurrences in healthcare settings, refer to AFL 23-08. For skilled nursing facility guidance, refer to CDPH's Recommendations for Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections in California Skilled Nursing Facilities.

OUTBREAKS IN NON-HEALTHCARE COMMUNITY SETTINGS

Non-healthcare community settings generally do not provide healthcare to individuals, although healthcare staff such as nurses may be employed. Examples of community settings include assisted living facilities, correctional/detention facilities, shelters, non-healthcare workplaces, adult day care facilities, childcare facilities and TK-12 schools, and other programs serving pre-school and school-aged children.

Community Outbreak Definition:

Community settings outbreak of concern definition: a cluster of ARI* cases of public health concern, which include but are not limited to:

- A greater than expected number of ARI* cases who are linked in time or place (i.e. a certain area of the setting or across the setting) and are not close contacts in another setting, especially during a time that is not considered typical.
- Increased severity of illness, such as hospitalizations or fatalities among cases.
- Evidence indicating that standard respiratory infection control measures have been ineffective or difficult to implement and/or a need for additional support.
- Additionally, **any case** with recent exposure to animals known to transmit respiratory illness (such as swine, or contact with animals confirmed or suspected to have avian influenza, their environment or their raw products), or contact with a confirmed or probable human case of avian, variant, or novel influenza should be reported.

LHJs and/or employers in a community setting may opt to follow the healthcare settings outbreak definitions and thresholds for respiratory viruses when there are populations in the setting at risk for severe outcomes or the risk of transmission is increased, such as assisted living facilities, shelters, and correctional facilities.

***ARI is defined** as new onset of any two or more of the following symptoms (not better explained by chronic conditions, e.g., seasonal allergies): fever or chills, cough, sore throat, runny or stuffy nose, difficulty breathing, body aches; **and/or** has tested positive for a specific respiratory pathogen, including COVID-19, influenza, RSV, or other respiratory viruses.

For other respiratory pathogen reporting requirements, see: Disease Info and Reports.