

**REPORTING OUTBREAKS OF SUSPECTED OR CONFIRMED INFLUENZA IN SCHOOLS**

**General Information**

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary contact person for epidemiologic investigation \_\_\_\_\_

Telephone \_\_\_\_\_ District \_\_\_\_\_

Email \_\_\_\_\_

**Outbreak Information**

**Geographic Information**

School Name \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

**Dates**

Date first case became ill \_\_\_\_/\_\_\_\_/\_\_\_\_ Date last case became ill \_\_\_\_/\_\_\_\_/\_\_\_\_

Date local health department was notified \_\_\_\_/\_\_\_\_/\_\_\_\_

Date state health department was notified \_\_\_\_/\_\_\_\_/\_\_\_\_

School Closure \_\_\_\_ Yes \_\_\_\_ No

Date/s of closure \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of expected reopening \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Case Information**

Number of students ill \_\_\_\_\_ Total number of students in the school \_\_\_\_\_

Number of staff ill \_\_\_\_\_ Total number of staff employed by the school \_\_\_\_\_

Does the school hold influenza vaccination clinics? \_\_\_\_ Yes \_\_\_\_ No

**If yes,**

Total students vaccinated \_\_\_\_\_ Number of staff vaccinated \_\_\_\_\_

Number of students prophylaxed \_\_\_\_\_ Number of staff prophylaxed \_\_\_\_\_

**Illness Characteristics**

Predominant symptoms (circle those that apply) Fever Cough Sore Throat Malaise Headache

Other \_\_\_\_\_

Number of students admitted to a hospital \_\_\_\_\_ Number of students who died \_\_\_\_\_

**Prevention and Control Activities**

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments**

\_\_\_\_\_  
\_\_\_\_\_

Please fax or email a copy of this completed form to the Office of Epidemiology, (402) 471-3601 or [robin.m.williams@nebraska.gov](mailto:robin.m.williams@nebraska.gov)