

# Influenza-Like Illness (ILI) Outbreak Summary Report Form

Please complete and email to [ilioutbreak@bccdc.ca](mailto:ilioutbreak@bccdc.ca)

**Note: This form is for provincial surveillance purposes.  
 Please notify your local health unit per local guidelines/requirements.**

**ILI:** Acute onset of respiratory illness with fever and cough and with one or more of the following: sore throat, arthralgia, myalgia, or prostration which *could* be due to influenza virus. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.  
**Schools and work site outbreak:** greater than 10% absenteeism on any day, most likely due to ILI.  
**Residential institutions (facilities) outbreak:** two or more cases of ILI within a seven-day period.

<b>A</b>	<b><u>Reporting Information</u></b>	
	Person Reporting:	Title:
	Contact Phone:	Email:
	Health Authority:	HSDA:
	Full Facility Name:	
	Is this report:	First Notification ( <i>complete section B below; section D if available</i> ) Outbreak Over ( <i>complete section C and section D below</i> )
	Report Date (dd/mm/yyyy):	

<b>B</b>	<b><u>First Notification</u></b>	
	Type of facility*:	Long Term Care Facilities, Nursing Homes      Acute Care Facility Other Setting:
	<i>If ward or wing, please specify name/number:</i>	
	Date of onset of first case of ILI (dd/mm/yyyy):	
	Date outbreak declared (dd/mm/yyyy):	
	<small>*Long Term Care Facilities, Nursing Homes: Facilities that provide living accommodation for people who require on-site delivery of 24 hour, 7 days a week supervised care, including professional health services, personal care and services such as meals, laundry and housekeeping or other residential care facilities where provincial/territorial public health is responsible for outbreak management under provincial legislation; <b>Acute Care Facility:</b> Publicly funded facilities providing medical and/or surgical treatment and acute nursing care for sick or injured people, through inpatient services. (i.e. hospitals including inpatient rehabilitation and mental facilities); <b>Other Setting:</b> Any locations not otherwise specified here in which outbreaks of influenza or ILI may occur (e.g. retirement homes, assisted living or hospice settings, private hospitals/clinics, correctional facilities, colleges/universities, adult education centres, shelters, group homes, and workplaces).</small>	

<b>C</b>	<b><u>Outbreak Declared Over</u></b>										
	Date of onset for last case of ILI (dd/mm/yyyy):										
	Date outbreak declared over (dd/mm/yyyy):										
	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="width: 50%;">Numbers to date</th> <th style="width: 50%;">Residents</th> </tr> </thead> <tbody> <tr> <td><b>Total</b></td> <td></td> </tr> <tr> <td><b>With ILI</b></td> <td></td> </tr> <tr> <td><b>Hospitalized*</b></td> <td></td> </tr> <tr> <td><b>Died*</b></td> <td></td> </tr> </tbody> </table>		Numbers to date	Residents	<b>Total</b>		<b>With ILI</b>		<b>Hospitalized*</b>		<b>Died*</b>
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<b>Total</b>											
<b>With ILI</b>											
<b>Hospitalized*</b>											
<b>Died*</b>											
<small>*suspected to be linked to case of ILI</small>											

<b>D</b>	<b><u>Laboratory Information</u></b>			
	Specimen(s) submitted?	<input type="checkbox"/> Yes (location: _____ )	No	<input type="checkbox"/> Don't know
	If yes, organism identified?	Yes	No	Don't know
	<b>Please specify organism/subtype:</b>	Influenza A (subtype: _____ )	Influenza B	
		Parainfluenza      Enterovirus      Coronavirus      RSV HMPV                  Adenovirus      Other:		