

# Long-Term Care Facility Influenza and RSV Report Form, 2019-20

Submit this report when an influenza or RSV outbreak is suspected in your long-term care (LTC) facility. Send to Karen Martin by email ([karen.martin@state.mn.us](mailto:karen.martin@state.mn.us)) or fax (651-201-4820).

The definition of an outbreak is one laboratory-confirmed influenza or RSV positive case along with other cases of respiratory illness in a unit. For long-term care guidance, see [Long-Term Care: Influenza \(www.health.state.mn.us/diseases/flu/ltc/index.html\)](http://www.health.state.mn.us/diseases/flu/ltc/index.html).

**Submitting this report is sufficient for reporting an outbreak.** If you have questions regarding the control of influenza or RSV in your long-term care facility, please call 651-201-5414 or 1-877-676-5414.

**New for 2019-20 season:** We will be following up with your facility by phone  $\geq$  1 month after the outbreak to collect summary information on the outbreak and collect information about the health status of residents hospitalized for influenza and RSV.

## Facility information

Facility name: \_\_\_\_\_

Date reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Skilled nursing facility:  Yes  No

Number of residents with respiratory illness: \_\_\_\_\_

## Reporter information

Name of reporter: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Fax number: \_\_\_\_\_

## Influenza and RSV testing

	Number tested	Number positive	For flu: strain and subtype (e.g., A, B, A/H3, etc.)	Testing method (e.g., rapid test or PCR)	Onset date of first case(s)
Flu					____/____/____
RSV					____/____/____

## Antivirals and vaccination for influenza

Treatment with antivirals:  Yes  No

Prophylaxis with antivirals:  Yes  No

## Hospitalizations and deaths

Any residents hospitalized with influenza or RSV?  Yes  No

If yes for influenza, fill out and send to MDH a [Disease Report Card \(www.health.state.mn.us/diseases/reportable/forms/reptcard.html\)](http://www.health.state.mn.us/diseases/reportable/forms/reptcard.html) for each hospitalized resident as well as any subsequent influenza-related hospitalizations.

Any residents with influenza or RSV die?  Yes  No

If yes for influenza, fill out and send to MDH a [Disease Report Card \(www.health.state.mn.us/diseases/reportable/forms/reptcard.html\)](http://www.health.state.mn.us/diseases/reportable/forms/reptcard.html) for each resident that died as well as any subsequent influenza-related deaths.



Minnesota Dept. of Health  
651-201-5414  
[www.mdhflu.com](http://www.mdhflu.com)