



Respiratory Illness Outbreak Reporting Worksheet

Based on the reporting criteria listed below, use this worksheet to report a suspected respiratory illness outbreak in a school by completing as much information as possible for the day the outbreak reporting criteria are met. Submit the completed worksheet to the health department in the region where the school is located. Contact information for epidemiology staff in regional health departments can be found at: www.scdhec.gov/sites/default/files/Library/CR-009025.pdf.

When to Report: Notify the regional health department when your facility meets the outbreak criteria below.

Respiratory Illness Outbreak Definition: 20% or more of students/staff within a shared setting (i.e., a classroom, sports team, or other epidemiologically linked group) of more than 5 individuals absent or sent home due to a respiratory illness within a 72-hour period.

[Respiratory Illness Definition: Oral temperature of > 100° F with a cough and/or sore throat]

Contact Information

Date Form Sent: _____

School Name: _____

School District: _____

County of School: _____

Form Submitted By: _____

Phone: _____ Fax: _____

Email: _____

Would you like to speak to someone from DHEC? Yes No

Number with Respiratory Illness	Total Number in Shared Setting (Cohort)	Total School Enrollment
Students:	Students:	Students:
Staff:	Staff:	Staff:

Positive Influenza Tests*	Positive COVID-19 Tests	Positive RSV Tests
Students:	Students:	Students:
Staff:	Staff:	Staff:

Earliest Onset: _____ (MM/DD/YY)

Latest Onset: _____ (MM/DD/YY)

ER Visits: _____

Hospitalized: _____

* For influenza outbreaks only:

Circle the reported influenza types from individuals with positive results (if known): Type A Type B Type A & B Type Unknown

Please note: Each time a new outbreak is identified, initial reporting of the outbreak is required. Do not submit additional reports on subsequent days of the same outbreak. Outbreaks may be considered over when the respiratory illness identified decreases below the 20% criteria listed above and no new cases have been identified for ten (10) consecutive days. Report a new outbreak if a new respiratory illness is identified or the respiratory illness identified once again meets the criteria for a Respiratory Illness Outbreak described above. (Example: if an influenza outbreak was previously reported and then RSV arises, a new report would need to be submitted for RSV). If an unusual or atypical situation arises (e.g., severe morbidity, multiple hospitalizations, extensive outbreaks), contact the regional health department.

Instructions for Completing the Reporting Worksheet for Suspected Respiratory Illness Outbreaks in Schools

Purpose: This worksheet should be used to report suspected respiratory illness outbreaks in schools to DHEC.

Audience: Designated school representative.

When to report: Designated school representative should submit the reporting worksheet to their respective regional health department where the school is located when one or more of the specified conditions are met. See reporting worksheet and outbreak guidance for details.

How to report: Submit the reporting worksheet to the regional health department where the school is located. Contact information is listed below and can also be found at <https://scdhec.gov/health-professionals/south-carolina-list-reportable-conditions>.

Regional Health Department Contact Information

Lowcountry

3685 Rivers Ave Suite 201
N. Charleston, SC 29405
Fax: (843) 953-0051

Midlands

2000 Hampton Street
Columbia, SC 29204
Fax: (803) 251-3170

Pee Dee

145 E. Cheves Street
Florence, SC 29506
Fax: (843) 915-6506

Upstate

352 Halton Road
Greenville, SC 29607
Fax: (864) 282-4373

Reporting Variables

Date Form Sent: Indicate the date the form was sent to DHEC.

School Name: Provide the school's name where the suspected outbreak is occurring.

School District: Provide the school's district name.

County of School: Indicate the county in which the school is located.

Form Submitted by: Provide the name of the school representative who is submitting the worksheet.

Contact #: Indicate the contact numbers for the reporting school representative.

Email: Provide the email address of the reporting school representative.

Reporting Variables

Would you like to speak with someone from DHEC? The school representative submitting the worksheet should select 'yes' or 'no' to indicate if he/she would like a DHEC epidemiology staff member to contact them regarding their report.

Number with Respiratory Illness: Indicate the total number of students and staff with respiratory illness at the school.

Total Number in Cohort: Indicate the total number of students and staff in the cohort where the outbreak is occurring.

Total School Enrollment: Indicate the total number of students enrolled and staff employed at the school.

Positive Influenza Tests: Provide the total number of individuals (e.g., students and staff) with positive flu tests reported since the earliest onset date of illness.

Positive COVID-19 Tests: Provide the total number of individuals (e.g., students and staff) with positive COVID-19 tests reported since the earliest onset date of illness.

Positive RSV Tests: Provide the total number of individuals (e.g., students and staff) with positive RSV tests reported since the earliest onset date of illness.

Onset Dates: Indicate the earliest, known onset date of illness, and the latest known onset date of illness.

ER Visits and Hospitalizations: Provide the total number of individuals (e.g., students and staff) that went to the ER or were admitted to the hospital due to the illness.

Flu Type: If known, select the flu type as reported for individuals with positive flu tests.

Office Mechanics & Filing

This form is maintained under retention schedule 15974.