



Reporting worksheet for suspected influenza outbreaks in school

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

Report to the regional health department where the school is located when one or both of the following situations are occurring in a school.

1. 20% or more of students are absent or sent home on a given day in a group/cohort (i.e., a classroom, sports team, or other epidemiologically linked group) attributed to influenza.

OR

2. Two or more individuals who test positive for influenza are reported in a shared setting (e.g., classroom or shared room) within 72 hours of each other (i.e., individual is reported to have tested positive for influenza by a lab test such as a rapid influenza test, culture, real-time PCR, DFA, or IFA).

School Name: _____

School District: _____

County of School: _____

Total School Enrollment: _____ Total # Students: _____ Total # Staff: _____

School's Baseline Absenteeism per Day: _____

Reason for Reporting (more than one box can be selected; write in n/a if the information is not known):

≥20% absent in group/cohort	≥2 individuals with positive influenza results in shared setting
Specify group/cohort: _____	Specify setting: _____
Total # in group/cohort: _____	Total # in setting: _____
# Staff Absent with Positive Influenza Test: _____	# Staff with Positive Influenza Test: _____
# Students Absent/ Sent Home with Positive Influenza Test: _____	# Students with Positive Influenza Test: _____

Onset Dates (if known):

Earliest Onset: _____ (MM/DD/YY)

Latest Onset: _____ (MM/DD/YY)

Other Information:

ER Visits: _____

Hospitalized: _____

Select the reported influenza types from individuals with positive results (if known):

Type A

Type B

Type A & B

Type Unknown

Form Submitted by: _____

Phone: _____ Email: _____ Fax: _____

Date Form Sent _____ (MM/DD/YY)

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

Instructions for completing the Reporting Worksheet for Suspected Influenza Outbreaks in Schools

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

Party responsible for completing worksheet: Designated school representative.

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

How to report: Fax the reporting worksheet to the regional health department where the school is located. Contact information is listed below and also found at www.scdhec.gov/sites/default/files/Library/

CR-009025.pdf. *Please note the worksheet is a fillable PDF document. Download document then open it in Adobe. Document can also be printed and completed by hand.*

Regional Health Department Contact Information

Lowcountry

4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405
Fax: (843) 953-0051

Pee Dee

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

Midlands

2000 Hampton Street
Columbia, SC 29204
Fax: (803) 576-2993

Upstate

200 University Ridge
Greenville, SC 29602
Fax: (864) 282-4373

Reporting Variables

School Name: Provide the school 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.

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

Total # Staff: Indicate the total number of staff employed at the school.

School Baseline Absenteeism per student per day: Provide the typical number of students who are absent per day for all reasons.

Reason for Reporting: Select one or both situations that has prompted reporting.

≥20% Absent in Group/Cohort: If reason for reporting is the school has *20% or more of students absent or sent home on a given day in a group/cohort attributed to influenza.*

- Then specify the group/cohort that is affected from the following choices: classroom, grade, sports team, or other group affected.
- Provide the total number in the entire group/cohort (i.e. both ill and not ill) that is affected.
- Provide the number of staff who are absent because of Positive Influenza Test.
- Provide the total number of students who are absent because of Positive Influenza Test.

Two or more individuals with positive influenza results in shared setting within 72 hours of each other: If reason for reporting is the school has *two or more individuals who test positive for influenza are reported in a shared setting (e.g., classroom or shared room) within 72 hours of each other.*

- Then specify the setting that is affected from the following choices: classroom, grade, sports team, or other group affected.
- Provide the total number in the setting (i.e. both ill and not ill) that is affected.
- Provide the number of staff who tested positive for influenza.
- Provide the total number of students who tested positive for influenza.

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

Latest Onset: Indicate the latest, known onset date of illness.

Other Information: Provide the total number of staff and the total number of students who went to ER or Hospitalized.

Select the reported influenza types: Select the flu type as reported for individuals with positive flu tests. If this information is not known, select Unknown.

Form Submitted by: Provide the name of the school representative who is submitting the worksheet to report a suspected influenza outbreak.

Contact #: Indicate the phone number for the reporting school representative.

Email: Provide the email address and fax number of the reporting school representative.

Fax #: Provide the email address and fax number of the reporting school representative.

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

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.