



# Reporting Worksheet for Suspected Influenza or COVID-19 Outbreaks in School

Based on the reporting criteria listed below, use this worksheet to report a suspected influenza or COVID-19 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](http://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.

### Criteria for Reporting Flu

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).

### Criteria for Reporting COVID-19

1. **20%** or more of students/staff within a shared setting\* (i.e., a classroom, sports team, or other epidemiologically linked group) are identified as having COVID-19, or absent or sent home due to COVID-19 within 72 hours of each other.

\*For shared settings with more than 5 students/staff.

Report all shared settings that meet the COVID-19 outbreak criteria

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):

<input type="checkbox"/> ≥20% absent in group/cohort with Influenza	<input type="checkbox"/> ≥2 individuals with positive influenza results in shared setting	<input type="checkbox"/> ≥20% individuals in group/ cohort absent or sent home with COVID-19
Specify group/cohort: _____ Total # in group/cohort: _____ # Staff Absent/Sent Home due to Influenza: _____ # Students Absent/Sent Home due to Influenza: _____	Specify setting: _____ Total # in setting: _____ # Staff with Positive Influenza Test: _____ # Students with Positive Influenza Test: _____	Specify group/cohort: _____ Total # in group/cohort: _____ # Staff Absent/Sent Home due to COVID: _____ # Students Absent/Sent Home due to COVID: _____

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

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 or COVID-19 Outbreaks in Schools

**Purpose:** This worksheet should be used to report suspected influenza and COVID-19 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 more of the 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 can also be found at <https://scdhec.gov/health-professionals/south-carolina-list-reportable-conditions>.

### Regional Health Department Contact Information

#### Lowcountry

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

#### Midlands

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

#### 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

**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.

**Total Enrollment:** Indicate the total number of students enrolled and staff employed at the 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 from the three situations which has prompted reporting. More than one option may be selected.

## Reporting Variables

**Affected Setting or Group/Cohort:** Select the setting or group/cohort that is affected from the following choices: classroom, grade, sports team, or other group. Specify the 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.

**# Tested Positive or sent home for Flu:** Provide the total number of individuals (e.g., students and staff) reported since the earliest onset date of illness.

**# Tested Positive or sent home for COVID-19:** Provide the total number of individuals (e.g., students and staff) 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.

**Form Submitted by:** Provide the name of the school representative who is submitting the worksheet to report a suspected influenza or COVID-19 outbreak.

**Contact #:** Indicate the contact number for the reporting school representative.

**Email:** Provide the email address 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.

**Other Information:** Elaborate on any other pertinent details that are not obtained from the reporting worksheet.