

## Appendix D. ILI Outbreak Enhanced Data Collection

Ship \_\_\_\_\_

Voyage # \_\_\_\_\_

<b>Pre-Embarkation:</b> Were persons with ILI symptoms allowed to board while symptomatic?	<input style="width: 90%;" type="text"/>
<b>Isolation Practices*:</b> Were persons with ILI symptoms isolated* appropriately?	<input style="width: 90%;" type="text"/>
<b>Cases:</b> How many persons with ILI are considered high-risk†?	
<b>Treatment†:</b> How many persons with ILI symptoms were treated with antiviral medication?	High-risk† cases treated: _____ Non-High Risk cases treated: _____
<b>Contacts:</b> How many contacts‡ were identified?	
How many contacts were high-risk‡?	
<b>Prophylaxis<sup>  </sup>:</b> How many asymptomatic contacts were provided with antiviral medication?	High-risk contacts: _____ Non-High-risk contacts: _____
<b>Notifications:</b> Were ILI notifications sent out to crew/passengers?	Crew: <input style="width: 100%;" type="text"/> Passengers: <input style="width: 100%;" type="text"/>
<b>Testing:</b> How many influenza tests were done?	
How many tests were positive?	Influenza A _____ Influenza B _____
<b>Prevention:</b> Approximately how many crew members are vaccinated with this year's influenza vaccine?	
Do you need CDC assistance in managing this outbreak?	<input style="width: 100%;" type="text"/>
Please send us final cumulative ILI numbers 24 hours prior to your last U.S. port of call for this voyage	
<p>Did any of the following occur?</p> <ul style="list-style-type: none"> <li>- Death caused by, or suspected to be associated with, influenza or ILI onboard the vessel.</li> <li>- Hospitalization (ashore or at sea) caused/suspected to be associated with influenza or ILI onboard the vessel.</li> </ul> <p>If so, please complete a Maritime Illness &amp; Death Report for each case that meets this criteria.</p>	

\* Persons with ILI symptoms should remain isolated in their cabins or quarters until at least 24 hours after resolution of fever (temperature  $\geq 100^{\circ}$  F [ $37.8^{\circ}$  C]) without the use of fever-reducing medications.

† Early antiviral treatment with neuraminidase inhibitors (oral oseltamivir, inhaled zanamivir or IV peramivir) is recommended for persons with suspected or confirmed influenza who have severe illness or who are at high risk for influenza complications, including persons with asthma, diabetes, and heart disease. Treatment also can be considered, on the basis of clinical judgment, for outpatients with uncomplicated, suspected, or confirmed influenza who are not known to be at increased risk for developing severe or complicated illness if antiviral treatment can be initiated within 48 hours of illness onset, and treatment of these cases may be particularly advisable in an outbreak setting on a cruise ship. In addition, antiviral chemoprophylaxis could be considered for prevention of infection in exposed persons who are at high risk for complications or could be given to all contacts on a cruise ship when the outbreak threshold is met or exceeded.

‡ ILI contacts on a cruise ship are considered to be any passengers or crew members who were in close proximity (within 6 feet) with an infected person or enclosed environment for a prolonged period of time, such as: sharing a cabin, family members, travel group members, crew working in shifts at the same space and having cared for or had direct contact with respiratory secretions or body fluids of an active influenza-like illness case. High-risk Contacts are defined [here](#) and, in general, include all adults older than 65 years of age, children younger than 5 years old, and pregnant women and persons with chronic conditions including asthma, diabetes, and heart disease.

<sup>||</sup> Antiviral chemoprophylaxis can be considered for prevention of infection in exposed persons who are at high risk for complications or for controlling influenza outbreaks on cruise ships when large numbers of persons at higher risk for influenza complications are onboard.

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-0900.