OMB Approved
Control No. 0920-0900
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ILI Outbreak Enhanced Data Collection

Ship: _____ Voyage #: _____

Pre-Embarkation: Were persons with ILI symptoms allowed to board while symptomatic?	Choose an item.
Isolation Practices*: Were persons with ILI symptoms isolated* appropriately?	Choose an item.
Cases: What is your current **total ILI case** count? Of that total case count, how many are considered **high-risk**†?	Total crew cases: _____ - Crew high-risk cases: _____ Total passenger cases: _____ - Passenger high-risk cases: _____
Treatment†: How many ILI **cases** were treated with antiviral medication?	High-risk† cases treated: _____ Non-high risk cases treated: _____
Contacts: How many **total contacts**‡ were identified? Of that **total contact** count, how many contacts were high-risk‡?	Total contacts: _____ High-risk contacts‡: _____
Prophylaxis§: How many **asymptomatic contacts** were provided with antiviral medication?	High-risk contacts‡: _____ Non-high risk contacts: _____
Notifications: Were ILI notifications sent out to crew/passengers?	Crew: Choose an item. Passengers: Choose an item.
Testing: How many influenza tests were done on ILI cases? Of the **ILI cases** tested, how many tests were positive?	_____ Influenza A: _____ Influenza B: _____
Prevention: What percentage of your **crew** members are vaccinated with this year's influenza vaccine?	_____%
Do you need CDC assistance in managing this outbreak?	Choose an item.
Did any of the following occur? - Death caused by, or suspected to be associated with, influenza or ILI onboard the vessel. - Hospitalization (ashore or at sea) caused/suspected to be associated with influenza or ILI onboard the vessel.	Choose an item. Choose an item.

* Persons with ILI symptoms should remain isolated in their cabins or quarters until at least 24 hours after resolution of fever (temperature 100.4 °F [38 °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.

§ 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.