

Influenza Outbreak Enhanced Data Collection

Ship: (entered by MA) _____

Voyage #: (entered by MA) _____

Pre-Embarkation: Were persons with ARI* allowed to board while symptomatic?	<input style="width: 90%;" type="text"/>	
Isolation Practices[†]: Were persons diagnosed with test-positive influenza isolated [†] appropriately?	<input style="width: 90%;" type="text"/>	
Case Ascertainment, Treatment[‡], & Subtyping: Of the persons with ARI that tested positive for influenza, how many were considered high-risk ?	Crew high-risk cases	<input style="width: 90%;" type="text"/>
	Passenger high-risk cases	<input style="width: 90%;" type="text"/>
Of the persons with ARI that tested positive for influenza, how many were treated with influenza antiviral medication ?	High-risk cases treated [‡] :	<input style="width: 90%;" type="text"/>
	Non-high risk cases treated:	<input style="width: 90%;" type="text"/>
Of the persons with ARI that tested positive for influenza, how many subtypes were identified (e.g., “Influenza A”, “Influenza B”, “Influenza A/B”)?	Influenza A:	<input style="width: 90%;" type="text"/>
	Influenza B:	<input style="width: 90%;" type="text"/>
	Influenza A/B: (i.e., not subtyped)	<input style="width: 90%;" type="text"/>
Contact Identification[§] & Post-exposure Prophylaxis (PEP)[¥]: How many total influenza contacts[§] were identified (for the number of test-positive influenza cases listed above)?	Total contacts:	<input style="width: 90%;" type="text"/>
- Of that total contact count, how many contacts were high-risk ?	High-risk contacts [§] :	<input style="width: 90%;" type="text"/>
- Of that total contact count, how many contacts were not high-risk?	Non-high risk contacts :	<input style="width: 90%;" type="text"/>
How many asymptomatic influenza contacts were provided with antiviral medication as post-exposure chemoprophylaxis (PEP)?	PEP to high-risk contacts [¥] :	<input style="width: 90%;" type="text"/>
	PEP to non-high risk contacts:	<input style="width: 90%;" type="text"/>
Notifications: Were influenza notifications sent out to crew/passengers?	Crew: <input style="width: 80%;" type="text"/>	
	Passengers: <input style="width: 80%;" type="text"/>	
Prevention: What percentage of your crew members are vaccinated with this season’s influenza vaccine?	<input style="width: 60%;" type="text"/>	%
Federal Assistance: Do you need CDC assistance in managing this influenza outbreak?	<input style="width: 90%;" type="text"/>	

* An illness of presumed viral etiology with at least two or more of the following symptoms: fever/feverishness, cough, runny nose, nasal congestion, or sore throat AND excluding: confirmed acute respiratory disease diagnoses other than COVID-19, influenza, or RSV; diagnoses of bacterial pneumonia (clinical or test-positive); non-infectious conditions as determined by the ship’s physician.

† Persons with influenza 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 AND improving symptoms. If afebrile, persons with influenza should remain isolated for at least 24 hours AND improving symptoms.

‡ 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.

§ ILLI 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.

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 H21-8, Atlanta, Georgia 30333; ATTN: PRA 0920-0900.