Policy B-14.51 Attachment E

CMHC -Infection Control

Influenza-Like Illness (ILI) Log

Unit Name: _____

Report for new-onset (not cumulative) patients with ILI for 24-hour period beginning 6AM _____/_____/_____ to 6AM _____/_____/_____

Date* sent: _____/_____/_____

Number of offenders with ILI in 24-hour period: _____

Number of staff with ILI in 24-hour period: _____

Demographic Information						**Symptoms**				**Lab Specimen Information**				
	List of Offenders for Whom Lab Specimens were Submitted (Last, First)	TDCJ #	Housing Location (eg, dorm, cell block, pod)**	Bed Location**	Work Assignment**	Onset Date	Temperature >100.5 (Y/N)	Cough (Y/N)	Sore Throat (Y/N)	Name of Laboratory to which the Specimen was Submitted (eg, UTMB, LabCorp)	PCR Collection Date	PCR Result	Culture Collection Date	Culture Result
1						___/___/___					___/___/___		___/___/___	
2						___/___/___					___/___/___		___/___/___	
3						___/___/___					___/___/___		___/___/___	
4						___/___/___					___/___/___		___/___/___	
5						___/___/___					___/___/___		___/___/___	

* On Monday morning, send 3 logs (one for each 24-hour period ending at 6AM)

** At symptom onset

Fax: 936-437-3572

Subject line: Unit Name, ILI Log, and Date Sent

revised 10-13