

**INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE FORM  
(For use by Long term care facilities)**

**INSTRUCTIONS:** Please complete this form once each week using Tuesday's data.

Send this information each week before noon on Wednesday to the NJDOH using one of the following mechanisms.

- Report via CDRSS ILI Module (preferred).  
Request to the module can be obtained by sending an email to [cdsadmin@doh.state.nj.us](mailto:cdsadmin@doh.state.nj.us). Individuals do not need to already have CDRSS user accounts to do this and access can be granted to just the ILI Module for data entry.
- Report via Fax  
Reporters can fax data to the NJDOH at # 609-826-5972
- Report via email  
Reports can be emailed to our group email account at [InfluenzaAdvisoryGroup@doh.state.nj.us](mailto:InfluenzaAdvisoryGroup@doh.state.nj.us)

**Surveillance Date:** \_\_\_\_\_

**Name of Facility:** \_\_\_\_\_

**City/ County:** \_\_\_\_\_

**Current Number of residents:** \_\_\_\_\_

**Total Number of Residents with Influenza like Illness (ILI)\*:** \_\_\_\_\_

*\*ILI is defined as Residents experiencing an illness that is characterized by fever and symptoms compatible with influenza (headache, change in mental status, lethargy, productive or non-productive cough, sore throat, runny or stuffy nose, or muscle aches). Please note that fever is often difficult to measure in elderly residents, therefore, the definition of fever to be used for ILI surveillance is a resident experiencing a temperature  $\geq 100^{\circ}$  F **OR** 2 degrees above established baseline for that resident.*

**Comments:** \_\_\_\_\_

**Name and phone number of Reporting Individual:** \_\_\_\_\_