

FINAL RESPIRATORY OUTBREAK REPORT

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|---------------------------|--------------|
| Outbreak #: 2268 - | Date: |
| Facility Name: | |

INSTRUCTIONS: Please complete this form following every respiratory outbreak and fax it to the WECHU at **519-977-5097**. Please note, immunization numbers are required by the Ministry of Health and do not breach privacy as there is no personal health information or personal identifiers (name, DOB, etc.) provided.

¹**“Line listed case”** refers to individuals (residents and staff) who became ill and determined to be part of the outbreak.

²**“Applicable vaccine”** refers to influenza, RSV or COVID-19.

³**“Affected area”** refers to the area of the current outbreak (i.e., unit, floor or if applicable, the entire facility).

*If the outbreak is in the entire facility, then your responses to questions 3 and 4 will be the same.

| <i>For ALL RESPIRATORY outbreaks</i> | | Residents | Staff |
|---|---|-----------|-------|
| 1. | Total # of people (i.e., both ill and non-ill) in the affected area ³ | | |
| 2. | Total # of people in the entire institution/facility | | |
| 3. | Total # of line listed cases ¹ (i.e., only those who were ill) in the facility | | |
| 4. | Total # of line listed cases admitted to hospital | | |
| 5. | Total # line listed cases with chest x-ray confirmed [CXR+] pneumonia during the current outbreak | | |
| 6. | Total # of deaths among line listed cases during the current outbreak | | |
| <i>Complete ONLY if the current outbreak was due to a virus with an APPLICABLE VACCINE² Provide data for specific routine vaccine associated with the outbreak</i> | | | |
| 7. | Total # of people in the entire institution/facility who were: | | |
| | a. immunized prior to the onset of the current outbreak | | |
| | b. <i>not</i> immunized prior to outbreak | | |
| | c. immunized less than 14 days before the onset of current outbreak | | |
| | d. immunized once the outbreak was declared | | |
| 8. | Total # of people in the affected area who were immunized prior to the onset of the current outbreak | | |

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report any suspect or confirmed disease of public health significance to the Medical Officer of Health.

| | | |
|---|--|--|
| 9. Total # of line listed cases who were: | | |
| a. immunized prior to the onset of the current outbreak | | |
| b. <i>not</i> immunized prior to the current outbreak | | |
| c. immunized less than 14 days prior to the current outbreak | | |
| 10. Total # of line listed cases <u>admitted into the hospital during the current outbreak</u> who were: | | |
| a. immunized prior to the onset of the current outbreak | | |
| b. <i>not</i> immunized prior to outbreak | | |
| c. immunized less than 14 days prior to the current outbreak | | |
| 11. Total # of line listed cases <u>with CXR+ pneumonia during the current outbreak</u> who were: | | |
| a. immunized prior to the onset of the current outbreak | | |
| b. <i>not</i> immunized prior to outbreak | | |
| c. immunized less than 14 days prior to the current outbreak | | |
| <i>Complete only if antivirals were used in the current outbreak</i> | | |
| 12. Total # of people that received antivirals for prophylaxis | | |
| 13. Total # of persons who became ill that received antivirals for treatment <i>within</i> 48 hours of onset of symptoms | | |
| 14. Total # of persons who became ill that received antivirals for treatment <i>over</i> 48 hours of onset of symptoms | | |
| 15. Total # of people that developed side effects from antivirals | | |
| 16. Of those that developed side effects, how many discontinued use of antivirals due to side effects | | |

Please attach the completed Lab Confirmed Influenza Outbreak Outcome Tracking form for ALL influenza outbreaks.