Lab Confirmed Influenza Outbreak Outcome Tracking

Please complete the following for line listed clients who were lab confirmed cases of Influenza.

Facility Name:	**Outbreak #:** **2268 - -**

Client Name:	**Gender:** M ☐ F ☐ Other ☐	**DOB (YYYY-MM-DD):**
Influenza Vaccine Y ☐ N ☐	Vaccine Name: Lot #:	Site: Date Administered:
Ordering Physician:		Administered by:
Hospitalization: Y ☐ N ☐	Hospital Name:	Admission Date (YYYY-MM-DD)
Underlying Medical Conditions:		
Pneumonia diagnosed by chest x-ray (CXR): Y ☐ N ☐		Date of CXR:
Deceased: Y ☐ N ☐	Date of Death (YYYY-MM-DD)	Cause of death related to influenza: Y ☐ N ☐
Additional Information:		
Completed by: Name and Designation		Date (YYYY-MM-DD)

Client Name:	**Gender:** M ☐ F ☐ Other ☐	**DOB (YYYY-MM-DD):**
Influenza Vaccine Y ☐ N ☐	Vaccine Name: Lot #:	Site: Date Administered:
Ordering Physician:		Administered by:
Hospitalization: Y ☐ N ☐	Hospital Name:	Admission Date (YYYY-MM-DD)
Underlying Medical Conditions:		
Pneumonia diagnosed by chest x-ray (CXR): Y ☐ N ☐		Date of CXR:
Deceased: Y ☐ N ☐	Date of Death (YYYY-MM-DD)	Cause of death related to influenza: Y ☐ N ☐
Additional Information:		
Completed by: Name and Designation		Date (YYYY-MM-DD)

Fax to WECHU Infectious Disease Prevention Department at 226-783 2132.
If you have questions, please call 519-258-2146 ext. 1420.

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.