

Name of Facility: _____

Outbreak #: 2268 - _____ - _____

Final Respiratory Outbreak Report

For Respiratory Outbreaks, please fill out only the bulleted sections regarding your line listed cases.

For Influenza Outbreaks, fill in all areas. Once completed fax to WECHU @ 226-894-3768

RESIDENTS:	Total
Number of line listed residents who:	
• received the flu vaccine during this outbreak	
• received the flu vaccine before this outbreak	
• were not given the flu vaccine before this outbreak	
• were admitted to hospital that were immunized before this outbreak	
• were admitted to hospital not immunized before this outbreak	
• were diagnosed with CXR confirmed pneumonia and immunized before this outbreak	
• were diagnosed with CXR confirmed pneumonia and not immunized before this outbreak	
• were immunized prior to outbreak and passed away	
• were not immunized prior to the outbreak and passed away	
Only complete this section if Outbreak was due to Influenza:	
# of residents who were not ill that received antiviral prophylaxis (not on line list)	
# of ill residents who received antiviral treatment within 48 hours of onset of symptoms	
# of residents who received antiviral treatment > 48 hours after onset of symptoms	
# of residents who developed side effects to Tamiflu	
# of residents who discontinued the use of Tamiflu due to side effects	

STAFF:	Total
Number of line listed staff who:	
• received the flu vaccine during this outbreak	
• received the flu vaccine before this outbreak	
• were not given the flu vaccine before this outbreak	
• were admitted to hospital and immunized before this outbreak	
• were admitted to the hospital and not immunized during this outbreak	
• were diagnosed with CXR confirmed pneumonia and immunized before this outbreak	
• were diagnosed with CXR confirmed pneumonia and not immunized before this outbreak	
• were immunized before this outbreak and passed away	
• were not immunized and passed away	
Only complete this section if Outbreak was due to Influenza:	
# of staff who were not ill that received antiviral prophylaxis	
# of staff who received antiviral treatment within 48 hours of symptom onset	
# of staff who received antiviral treatment > 48 hours' after onset of symptoms	
# of staff who developed side effects to Tamiflu	
# of staff who discontinued the use of Tamiflu due to side effects	

Only complete for Influenza Outbreaks: Check ✓ Yes/ No	Yes	No
Was vaccine offered onsite during current outbreak?		
Does the facility have a policy requiring staff influenza immunization?		
Were there any staff excluded during outbreak due to immunization status?		
Was an antiviral prophylaxis initiated within 24 hours of a laboratory confirmed influenza outbreak?		

Completed By: _____ Date: _____
(Print Name)

Faxed By: