

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 @ 226-783-2132

RESIDENTS: <i>Number of line listed residents who:</i>	Total
• 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: <i>Number of line listed staff who:</i>	Total
• 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: