

Windsor-Essex County Health Unit

Initial Facility Outbreak Report

Respiratory
 Enteric
 Name of Facility: _____

	Contacts	Phone	Ext.
Classification			
Main Contact			
Secondary Contact			
Secondary Contact			

Date of Onset of First Case: _____

Statistics	Residents	Staff*
Total # in institution (as of outbreak)		
Total # in affected area (if outbreak limited to unit)		
Total # ill in facility		
Total # vaccinated in affected area – respiratory only		
Total # unvaccinated in affected area – respiratory only		
Total # with documented medical exemption for vaccine		

Staff* - all persons who carry on activities in the facility including employees, nurses, students, medical house staff, physicians, contract workers and volunteers.

Breakdown of Staff		
Health Care Providers	Total	# Working in Other Facilities
RN, RPN, Aides, MDs		
Food Service		
Administration		
Maintenance		
Laundry/Housekeeping		
Students		
Contract Workers		
Volunteers		
Other (explain)		

Initial control measures instituted: _____

Please Fax to 226 783-2132 with first set of line lists