Public Health Laboratory - Outbreak Notification Report

Instructions:
1. Complete the entire form.
2. Notify your local PHL by telephone during business hours (8 a.m.-5 p.m.)
   For PHL Toronto: Call the Customer Service Centre (7:30 a.m.-7:00 p.m.)
   Local (Toronto area): 416-235-6556; Toll Free: 1-877-604-4567
3. FAX to your local PHL. For PHL Toronto fax to the Customer Service Centre 416-235-6552.
4. For further information including Regional PHL contact information and after-hours instructions see Labstract "Outbreak Notification and Specimen Submission Procedures" at www.oahpp.ca

☐ Initial Notification ☐ Update ☐ Final (Closed) | ☐ Respiratory ☐ Enteric ☐ Food borne illness ☐ other

FROM: ____________________

Health Unit/Institution

Contact Person ______ Title ______ Telephone ( )

EPIDEMIOLOGICAL DATA	PREDOMINANT CLINICAL FEATURES	
Outbreak Coordinator: ______ Telephone ( )	**Respiratory symptoms**	**Enteric symptoms**
Health Unit Outbreak No: ______ (Health Unit # / YYYY / Outbreak #)	☐ Fever	☐ Nausea
Location of Outbreak: Name of Institution/Event/Source	☐ Flu-like Symptoms	☐ Vomiting
Address:	Respiratory Congestion	☐ Abdominal Cramps
	☐ URT ☐ LRT	Diarrhea
	☐ Sore Throat	☐ Watery Diarrhea
	☐ Cough	☐ Bloody Diarrhea
	☐ Headache	☐ Dehydration
	☐ Myalgia	☐ Headache
	☐ Chills	☐ Other (specify)
Postal Code:	☐ Other (specify)	
No. of Residents/persons: at risk/exposed:_____ ill:___ hospitalized:_____ Number of Fatal Cases: _____	Incubation Period: (days/hours)	Median: ______ Range: ______
No. of Staff: at risk/exposed:_____ ill:____ hospitalized:_____ Number of Fatal Cases: ____	Duration of Illness: (days/hours)	Median: ______ Range: ______
Date of Onset (Index Case) (YYYY/MM/DD): _________	Travel History:	

Suspected Etiological Agents:

Facility Type/ OB Location:

☐ Camp	☐ Clinic	☐ Community/ Family Gathering (specify) ______
☐ Day Care	☐ Hospital	☐ Food Supplier/Distributor
☐ School	☐ Psychiatric Hospital	☐ Restaurant/ Eatery
☐ Military Base	☐ Long-Term Care Home	☐ Other (Specify) ______
☐ Correctional Facility	☐ Retirement Home / Seniors' Residence	

Shaded area for laboratory use only

Notification Report Received By: ______ Name Telephone: ( )

Dept/Sec: ______ PHL: ______ Date: ______ (YYYY/MM/DD) Time : ______ am/pm

Notes:

Current Versions of Public Health Laboratory Forms are available at www.oahpp.ca

Ontario
Agency for Health Protection and Promotion
Agence de protection et de promotion de la santé

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567. (01/2013)