

Health Unit _____ Outbreak # _____

Please FAX final report to Renfrew County and District Health Unit at 613-735-3067 **no later than 2 weeks** after the outbreak is declared over. See legend for assistance in completing this form.

Ontario Final Report of an Institutional Respiratory Infection Outbreak

SECTION A: General Outbreak Information			
A-1	Health Unit: _____		Outbreak # _____
	Investigator Name: _____		Institution Master #: _____
	Investigator Phone #: _____		Institution Name: _____
A-2	Date of Onset	Resident/Patient Case	Staff Case
	Illness in the first case (yyyy/mm/dd)	/ ____ / ____	/ ____ / ____
	Illness in the last case (yyyy/mm/dd)	/ ____ / ____	/ ____ / ____
<input type="checkbox"/> No Staff Cases			
A-3	Date Outbreak Declared Over: (yyyy/mm/dd) ____ / ____ / ____		
A-4	Symptoms: Specify by check boxes		
	<input type="checkbox"/> Abnormal temperature ($>37.5^{\circ}\text{C}$ or $\leq 35.5^{\circ}\text{C}$ or temp known to be abnormal for that person)	<input type="checkbox"/> Cough	<input type="checkbox"/> Nasal congestion/sneezing
	<input type="checkbox"/> Sore throat/hoarseness/difficulty swallowing	<input type="checkbox"/> Malaise (tiredness)	<input type="checkbox"/> Myalgia (muscle aches)
	<input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Headache	<input type="checkbox"/> Chills
	<input type="checkbox"/> Cervical lymphadenopathy (swollen/tender glands in neck)	<input type="checkbox"/> Coryza (runny nose)	
	<input type="checkbox"/> Prostration (exhaustion)	<input type="checkbox"/> Other (specify) _____	
A-5	Was the causative organism of the outbreak lab-confirmed? (If "Yes," specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Influenza A (subtype if available) _____	<input type="checkbox"/> Influenza B (subtype if available) _____	
	<input type="checkbox"/> RSV	<input type="checkbox"/> Rhinovirus	
	<input type="checkbox"/> Parainfluenza (type if available) _____	<input type="checkbox"/> Adenovirus	
	<input type="checkbox"/> Enterovirus (specify if available) _____	<input type="checkbox"/> Other (specify) _____	
A-6	Was influenza vaccination offered to residents/patients during this outbreak?		<input type="checkbox"/> Yes <input type="checkbox"/> No
A-6a	If "yes", specify the number of residents/patients immunized during this outbreak:		

Legend:

Symbol	Definition
◆	Cases: All line listed individuals who met the case definition and were related to the outbreak (this includes laboratory confirmed and epi-linked cases).
*	Combined outbreak: Influenza AND other organism(s) identified.
◄	Influenza-like-illness (ILI): For definition please see Appendix C or Appendix E instructions, section F-8a.
•	Prior to outbreak: Any time during the current influenza and respiratory infection season but at least 2 weeks before the onset of the current outbreak.
■	Staff: All persons who carry on activities in the facility including employees, nurses, students, medical house staff, physicians, contract workers and volunteers.
★	Range = Please write BOTH the minimum number and the maximum number of days, e.g. 5-14 days.

COMPLETE THIS SECTION FOR NON- INFLUENZA OUTBREAKS ONLY

(i.e. outbreaks due to unknown organisms or organisms other than influenza)

SECTION B: Patient/Resident and Staff Information

B-1	Summary of Line Listed Cases◆ During Current Non-Influenza Outbreak		
		Resident/Patient	Staff
	Total # Cases◆		
	# Cases◆ admitted to hospital		
	Cases◆ with pneumonia (CXR+)		
	# Deaths among cases◆		

COMPLETE THIS SECTION FOR OUTBREAKS DUE TO INFLUENZA OR COMBINED ONLY***SECTION C: Patient/Resident and Staff Information**

C-1	Summary of Line Listed Resident/Patient During Current Influenza Outbreak			
	Information Related to the Current Outbreak	Total # Resident/Patient Cases	# Resident/Patient Cases Vaccinated Prior to Outbreak●	# Resident/Patient Cases <u>Not</u> Vaccinated Prior to Outbreak●
	Total # Cases◆			
	# Cases◆ admitted to hospital			
	# Cases◆ with pneumonia (CXR+)			
	# Deaths among cases◆			
C-2	Summary of Line Listed <u>Staff</u> During Current Influenza Outbreak			
	Information Related to the Current Outbreak	Total # Staff■ Cases	# Staff■ Cases Vaccinated Prior to Outbreak●	# Staff■ Cases Not Vaccinated Prior to Outbreak●
	Total # Cases ◆			
	# Cases◆ admitted to hospital			
	# Cases◆ with pneumonia (CXR+)			
	# Deaths among cases◆			

COMPLETE THIS SECTION FOR OUTBREAKS DUE TO INFLUENZA OR COMBINED ONLY***SECTION D: Current influenza and respiratory infection season Vaccination Status**

D-1	Current Influenza Vaccination Status				
		Total # Residents/ Patients	# Residents/ Patients Vaccinated Prior to Outbreak●	Total # Staff■	# Staff■Vaccinated Prior to Outbreak●
	Entire Facility				
	Affected Area/Unit				

Legend:

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COMPLETE THIS SECTION FOR OUTBREAKS DUE TO INFLUENZA OR COMBINED ONLY*

SECTION E: Staff ■ Immunization

E-1	Does the facility have a policy requiring staff influenza immunization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-2	Was influenza immunization offered to staff on-site this influenza season	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-3	Was influenza immunization offered to staff on-site during the current outbreak?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-3a	If "yes," specify the number of staff immunized during the current outbreak:		
E-4	Were staff excluded from work during the outbreak (because they were not immunized and not on antiviral medication)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-4a	If "yes," specify the number of staff excluded: _____		
E-5	Were staff excluded under policy of the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-6	Were staff excluded by Medical Officer of Health (MOH) (by order under section 22 of the <i>Health Protection and Promotion Act</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMPLETE THIS SECTION ONLY IF ANTIVIRALS WERE USED DURING THE OUTBREAK**SECTION F: Antiviral Medication Use**

F-1	Was antiviral medication administered to residents/patients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F-2	Was antiviral medication administered to staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F-2a	If "yes", please specify under what circumstances, e.g. were they vaccinated or not? _____		
F-3	Summary of Residents/Patients and Staff who Received Antiviral Medication		
		# Residents/Patients	# Staff
	Those not yet ill (prophylaxis)		
	Ill persons within 48 hours of onset of symptoms (treatment)		
	Ill persons > 48 hours after onset of symptoms (NOT recommended)		
F-4	Summary of the Length of Antiviral Medication Usage for Residents/Patients and Staff		
		Residents/Patients	Staff
	Antiviral Used (specify)		
	Range* (minimum to maximum of length of prophylaxis (in days))		
	Length of treatment (in days)		
F-5	Did antiviral appear to decrease the numbers of new cases among residents/patients within 72 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F-5a	If "no", were additional nasopharyngeal specimens sent to the laboratory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F-6	Did anyone contract influenza-like-illness (ILI) while on antiviral prophylaxis for a minimum of 72 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F-6a	If "yes", how many people contracted ILI while on antiviral prophylaxis?	_____	
F-6b	If "yes", were any of the cases lab-confirmed influenza?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Health Unit _____ Outbreak # _____

SECTION F: Antiviral Medication Use (continued)						
Answer F-7 to F-10 ONLY if oseltamivir was used:						
F-7	How many people developed side effects to oseltamivir?					# of residents/patients _____
						# of staff _____
F-8	If side effects to oseltamivir were reported, please indicate below (add any symptoms not listed in the 'other' box):					
	<input type="checkbox"/> headache	<input type="checkbox"/> fatigue	<input type="checkbox"/> nausea	<input type="checkbox"/> diarrhea	<input type="checkbox"/> cough	<input type="checkbox"/> vomiting
	<input type="checkbox"/> abdominal pain	<input type="checkbox"/> insomnia	<input type="checkbox"/> vertigo (dizziness)	<input type="checkbox"/> other (specify) _____		
F-9	Of those that developed side effects, how many discontinued use of oseltamivir due to side effects?					# of residents/patients _____
						# of staff _____
Answer F-10 ONLY if antiviral medication was used during a NON-INFLUENZA outbreak:						
F-10	Reason for antiviral medication use during non-influenza outbreak _____					

NOTE: ANTIVIRAL MEDICATION USE IS ONLY RECOMMENDED DURING LAB CONFIRMED INFLUENZA OUTBREAKS

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