



RENFREW COUNTY AND DISTRICT HEALTH UNIT

Initial Respiratory Outbreak Notification Form

Date: _____

Facility Name: _____

Address: _____

Facility Contact: _____ Phone: _____

Alternate Contact: _____ Phone: _____

Fax: _____

Facility Type	
LTCH: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Public Home for the Aged <input type="checkbox"/> Charitable Home for the Aged <input type="checkbox"/> Other (specify): _____	Hospital: Operates under Public Hospitals Act? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Psychiatric
Other: <input type="checkbox"/> Retirement Home (with more than 10 residents) <input type="checkbox"/> Facilities operating under the Developmental Service Act <input type="checkbox"/> Children's Residence <input type="checkbox"/> Other (specify) _____	

Outbreak Description			Symptoms
	Residents or Patients	Staff ♥	Date of onset of illness in first case: _____
Total # in institution			Please specify by check boxes below: <input type="checkbox"/> Abnormal temp. ($\geq 37.5^{\circ}\text{C}$ 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"/> Coryza (runny nose) <input type="checkbox"/> Sore throat/hoarseness/difficulty swallowing <input type="checkbox"/> Malaise (tiredness) <input type="checkbox"/> Prostration (exhaustion) <input type="checkbox"/> Myalgia (muscle aches) <input type="checkbox"/> Headache <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Chills <input type="checkbox"/> Cervical lymphadenopathy (swollen/tender glands in neck) <input type="checkbox"/> Other (specify): _____
Total # in affected area/unit ▽			
Total # vaccinated prior to outbreak•			
Total # in affected area vaccinated prior to outbreak•			
Total # cases			
# Cases admitted to hospital			
# Cases with pneumonia*			
# Deaths among cases			

▽ The total number in affected area/unit refers to the total population at risk of developing disease (i.e. # of people in the affected unit).

* This refers to the # of pneumonia cases that have been confirmed by chest x-ray.

♥ Staff: All persons who carry on activities in the facility including employees, nurses, students, medical house staff, physicians, contract workers and volunteers.

• 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.