



Final Report Summary for RSV Outbreaks

Facility/Institution Name:

Date:

Outbreak Number:

Please assist RCDHU with reporting the following information related to your facility outbreak. This form must be submitted to RCDHU within 48 hours of the outbreak being declared over.

Numerator Count	Resident #s
Total # in institution – immunized prior to outbreak	
Total # in affected area – immunized prior to outbreak	
Total # in institution – immunized <14 days before onset of current outbreak	
Total # – immunized during the current outbreak	
Total # cases – immunized prior to outbreak	
Total # cases – <i>not</i> immunized prior to outbreak	
Total # cases – immunized <14 days prior to outbreak	
Total # cases admitted to hospital – immunized prior to outbreak	
Total # cases admitted to hospital – <i>not</i> immunized prior to outbreak	
Total # cases admitted to hospital – immunized <14 days prior to outbreak	
Total # cases with pneumonia (CXR+) – immunized prior to outbreak	
Total # cases with pneumonia (CXR+) – <i>not</i> immunized prior to outbreak	
Total # cases with pneumonia (CXR+) – immunized <14 days prior to outbreak	
Total # deaths among cases – immunized prior to outbreak	
Total # deaths among cases – <i>not</i> immunized prior to outbreak	
Total # deaths among cases – immunized <14 days prior to outbreak	

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