

Respiratory Outbreak – FINAL Form of an Institutional Infection Outbreak

Please **complete** this final report to your respective Timiskaming Health Unit office within **1 week** of the outbreak being declared over. Thank you!

General outbreak information

Institution name Outbreak #

	Resident/patient case	Staff case
Onset date of the first case (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>
Onset date of the last case (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>

Date outbreak declared (dd/mm/yyyy) Date declared over

Please list all laboratory-confirmed causative agent(s), including subtypes if applicable.

Infection prevention and control measures used

	Yes/No
Initiated additional precautions, isolation, & apply appropriate signage (i.e. droplet) upon identification of symptomatic resident/patient?	<input type="text"/>
Maintained additional precautions for 5 days from symptom onset?	<input type="text"/>
Utilized additional precautions: droplet personal protective equipment (gloves, gown, mask, and eye protection)?	<input type="text"/>
Outbreak notification signage was posted on the facility door and ward?	<input type="text"/>
Routine precautions were taken (i.e., hand hygiene)?	<input type="text"/>
Environmental controls (i.e., effective cleaning supplies against causative agents, increased cleaning)?	<input type="text"/>
Notified Public Health upon 2 symptomatic residents/patients within 48 hours?	<input type="text"/>
Informed the public of the outbreak?	<input type="text"/>
Closed the facility to the public?	<input type="text"/>
Cohorted staff and resident/patient care?	<input type="text"/>
Cohorted symptomatic residents (if in a ward-like setting)?	<input type="text"/>

Please complete this section for NON-INFLUENZA outbreaks only

Resident/patient and staff information

Summary of line-listed respiratory outbreak cases

	Resident/patient	Staff
Total # cases		
# of cases admitted to hospital		
# of cases with pneumonia (CXR+)		
# of deaths among cases		

Were antivirals used during this outbreak? (Yes/No)

If yes, please provide the reason for antiviral medication use during this outbreak.

Thank you! Only complete the rest of this report if it was an influenza outbreak.

Please complete the rest of this report for INFLUENZA outbreaks only

Vaccination status

'Vaccinated for influenza' are those who received their vaccine during the current respiratory infection season. If the vaccination is received within 2 weeks of the onset of this outbreak it should not be included.

Residents/patients	Total #	Vaccinated prior to outbreak	
# in the entire facility			NOT vaccinated prior to outbreak
# in the affected area/unit			
# cases			
# cases admitted to hospital			
# cases with pneumonia (CXR+)			
# deaths among cases			

Staff	Total #	Vaccinated prior to outbreak	
# in the entire facility			NOT vaccinated prior to outbreak
# in the affected area/unit			
# cases			
# cases admitted to hospital			
# cases with pneumonia (CXR+)			
# deaths among cases			

	Yes/No
Was influenza immunization offered to staff on-site this influenza season (Oct-Apr)?	
Does the facility have a staff exclusion policy requiring staff influenza immunization?	
Was influenza immunization offered to staff & residents on-site <u>during</u> the outbreak?	
If "yes," specify the number of staff immunized during the current outbreak.	
Were staff excluded from work during the outbreak because they were not immunized and not on antiviral medication?	
If "yes," specify the number of staff excluded.	
Were staff excluded under the policy of the facility?	
Were staff excluded by the Medical Office of Health (MOH) (by order under section 22 of the Health Protection and Promotion Act)?	

Antiviral medication: complete this section ONLY if antivirals were used.

Was antiviral prophylaxis initiated within 24 hours of this laboratory confirmed influenza outbreak? (Yes/No)

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 more than 48 hours of onset of symptoms
 (treatment)

Length of antiviral medication use

# residents/ patients		# staff	
Amantadine	Oseltamivir (Tamiflu)	Amantadine	Oseltamivir (Tamiflu)
Prophylaxis: minimum # of days			
Prophylaxis: maximum # of days			
Treatment: minimum # of days			
Treatment: maximum # of days			

Did amantadine/oseltamivir appear to decrease the number of new cases among residents/patients within 72 hours? (Yes, No, or Uncertain)

If "no", were additional nasopharyngeal specimens sent to the laboratory? (Yes/No)

Did anyone contract influenza-like-illness (ILI) while on antiviral prophylaxis for a minimum of 72 hours? (Yes/No)

If "yes", how many people contracted ILI while on antiviral prophylaxis?

Answer this question <u>only</u> if <u>oseltamivir/tamiflu</u> was used	# residents/ patients	# staff
How many people developed side effects to oseltamivir?		
Of those that developed side effects, how many discontinued the use of oseltamivir due to side effects?		
If side effects were reported, please specify the symptoms <i>of Headache, abdominal pain, fatigue, insomnia, nausea, vertigo, diarrhoea, cough, vomiting, or other symptoms.</i>		

Please share any comments or suggestions

Thank you!