

## COVID-19 Outbreak PRELIMINARY Form of an Institutional Outbreak

To report a suspect or confirmed outbreak, contact the Timiskaming Health Unit (THU) during business hours (Mon-Fri 8:30 am to 4:30 pm) at 1-866-747-4305 or for after hours (after 4:30pm or on weekends) at 1-705-647-3033.

After the initial notification of the outbreak is reported to public health, please complete this form and then notify the health unit when completed. Phone (see above), email, or fax (705-647-5779) within 24 hours of declaring an outbreak. Thank you!

stitution name		Outbreak #			
utbreak coordinator name			Phone #		
ate the outbreak was reported to the health u	nit (dd/mm/yyyy)				
ate of onset of illness of first case (dd/mm/yyyy)					
lease list all laboratory-confirmed causative gent(s), including subtypes if known.					
break description & details					
		Residents/ patients	Staff <sup>α</sup>	Visitors caregive	
# in the institution					
# in the affected area/unit at risk of developing	g illness				
# in institution vaccinated for COVID-19 prior to outbreak <sup>β</sup> (if this information is available)	0 doses				
	1 dose				
	2 doses				
	3+ doses				
# in area/unit vaccinated for COVID-19 prior to					
α 'Staff' refers to all people who carry out activities house staff, physicians, contract workers and vol		luding employees,	nurses, studen	ts, medical	
$^{6}$ 'Vaccinated for COVID-19' are those who receive		rina the current re	sniratory infect	tion season Is	
the vaccination is received within 2 weeks of the				lion scuson. ij	

Please share any comments or suggestions