

FINAL RESPIRATORY OUTBREAK REPORT

Outbreak #: 2268 -	Date:
Facility Name:	

INSTRUCTIONS:

Please complete this form following every respiratory outbreak and fax it to the WECHU at **519-977-5097**. Please note, immunization numbers are required by the Ministry of Health and do not breach privacy as there is no personal health information or personal identifiers (name, DOB, etc.) provided.

¹“**Case**” refers to those people who are line listed and have been determined to be part of the outbreak (residents and staff).

²“**Applicable vaccine**” refers to influenza, RSV or COVID-19.

³“**Affected area**” refers to the area of the current outbreak (i.e., unit, floor or if applicable, the entire facility). *If the outbreak is in the entire facility, then your responses to questions 5.a. and 6. will be the same.

<i>For ALL RESPIRATORY outbreaks</i>	Residents	Staff
1. Total # of line listed cases ¹		
2. Total # of line listed cases admitted into the hospital during the current outbreak		
3. Total # of line listed cases diagnosed with CXR+ confirmed pneumonia during the current outbreak		
4. Total # of deaths among line listed cases during the current outbreak		
<i>Complete only if the current outbreak was due to a virus with an APPLICABLE VACCINE²</i>		
5. Total # of people (i.e., both ill and non-ill) in the entire institution/facility:		
a. who were immunized prior to the onset of the current outbreak		
b. who were immunized less than 14 days before the onset of current outbreak		
c. who were immunized once the outbreak was declared		
6. Total # of people (i.e., both ill and non-ill) in the affected area ³ who were immunized prior to the onset of the current outbreak		
7. Among all line listed cases (i.e., only those who were ill):		
a. total # who were immunized prior to current outbreak		
b. total # who were immunized less than 14 days prior to the current outbreak		

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report any suspect or confirmed disease of public health significance to the Medical Officer of Health.

	c. total # who were <i>not</i> immunized prior to the current outbreak		
8.	Among the line listed cases (i.e., only those who were ill) <u><i>admitted to the hospital during the current outbreak:</i></u>		
	a. the total # who were immunized prior to the current outbreak		
	b. the total # who were immunized less than 14 days prior to the current outbreak		
	c. the total # who were <i>not</i> immunized prior to the current outbreak		
9.	Among the line listed cases (i.e., only those who were ill) <u><i>with CXR+ pneumonia during the current outbreak:</i></u>		
	a. the total # who were immunized prior to the current outbreak		
	b. the total # who were immunized less than 14 days prior to the current outbreak		
	c. the total # who were <i>not</i> immunized prior to the current outbreak		
10.	Among the line listed cases (i.e., only those who were ill) <u><i>which resulted in death during the current outbreak:</i></u>		
	a. the total # who were immunized prior to the current outbreak		
	b. the total # who were immunized less than 14 days prior to the current outbreak		
	c. the total # who were <i>not</i> immunized prior to the current outbreak		
<i>Complete only if antivirals were used in the current outbreak</i>			
11.	Total # of persons that received antivirals for prophylaxis		
12.	Total # of persons who became ill and received antivirals for treatment <i>within 48 hours of onset of symptoms</i>		
13.	Total # of persons who became ill and received antivirals for treatment <i>over 48 hours of onset of symptoms</i>		
14.	Total # of persons that developed side effects from antivirals		
15.	Of those that developed side effects, how many discontinued use of antivirals due to side effects		

Please attach the completed Lab Confirmed Influenza Outbreak Outcome Tracking form for ALL influenza outbreaks.

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