

## 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.

<sup>1</sup>"**Case**" refers to those people who are line listed and have been determined to be part of the outbreak (residents and staff).

<sup>2</sup>"Applicable vaccine" refers to influenza, RSV or COVID-19.

<sup>3</sup>"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 8.a. and 9. will be the same.

For ALL RESPIRATORY outbreaks		Residents	Staff			
1.	Total # of line listed cases <sup>1</sup>					
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					
	Complete only if <b>antibiotics</b> were used in the current outbreak					
5.	Total # of line listed cases that were prescribed antibiotics related to the current outbreak					
6.	If antibiotics were prescribed, # of line listed cases prescribed for the following indications:					
	a. Chest x-ray confirmed pneumonia					
	b. Sinusitis					
	c. Pharyngitis					
	d. Ottis Media					
	e. COPD exacerbation					
	f. Prescribed in hospital/outpatient					
	g. Client/POA requesting					
	h. Other (please specify)					
7.	Total # of line listed cases that were prescribed antibiotics prior to testing, while labs pending, or when no testing was completed					
	Complete only if the current outbreak was due to a virus with an <b>APPLICAE</b>	BLE VACCINE <sup>2</sup>				
8.	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					

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.

	b. who were immunized less than 14 days before the onset of current outbreak					
	c. who were immunized once the outbreak was declared					
9.	Total <b># of people (i.e., both ill and non-ill)</b> in the <b>affected area</b> <sup>3</sup> who were immunized prior to the onset of the current outbreak					
10.	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					
	c. total # who were <i>not</i> immunized prior to the current outbreak					
11.	Among the <b>line listed cases (i.e., only those who were ill)</b> <u>admitted to the hospital during the</u> <u>current outbreak:</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					
12.	Among the line listed cases (i.e., only those who were ill) <u>with CXR+ pneumonia during the current</u> outbreak:					
	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 <b>#</b> who were <i>not</i> immunized prior to the current outbreak					
13.	Among the <b>line listed cases (i.e., only those who were ill)</b> <u>which resulted in death during the</u> <u>current outbreak:</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					
	Complete only if <b>antivirals</b> were used in the current outbreak	1				
14.	Total # of <b>persons</b> that received antivirals <b>for prophylaxis</b>					
15.	Total # of <b>persons who became ill</b> and received antivirals <b>for treatment</b> <i>within</i> 48 hours of onset of symptoms					
16.	Total # of <b>persons who became ill</b> and received antivirals <b>for treatment</b> <i>over</i> 48 hours of onset of symptoms					
17.	Total # of <b>persons</b> that developed side effects from antivirals					
18.	Of those that developed side effects, how many discontinued use of antivirals due to side effects					

## Please attach the completed <u>Lab Confirmed Influenza Outbreak Outcome</u> <u>Tracking</u> form for <u>ALL</u> influenza outbreaks.

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