

OUTBREAK REPORT

Final Report Date:			Health Southern Initial Report
Facility/Unit:		Date:	☐ Final Report
Facility/Unit:		Provincial Outbreak Code:	Type of Outbreak:
Facility/Unit: Phone: Facility Address: Site Manager: Phone: Site CRN/Designate: Phone: Site ICP/ICSA: Phone: Regional IP&C: Phone: Investigation Initiation/Notification Date Investigation Initiated: Onset Date of Most Recent Client Case: Onset Date of Earliest Known Client Case: Isolation Date of Most Recent Client Case: Date OB Declared: Date OB Declared Over: Number of Cases at Declaration of OB: Case Information/Outbreak Details Diarrhea Nausea Vomiting Abdominal pain Fever Headache Cough Shortness of breath Sore throat Mausea Nausea Arthralgia (joint pain) Myalgia (muscular pain) Prostration (extreme exhaustion) Other: # Lab Confirmed Cases: # Clinical Cases: Total # of Client Cases: # of Vaccinated Clients: Total # of Clients Hospitalized: Total # of Clients at Risk: Total # of Client Deaths Attributed to the OB:			Demographics
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Organism Description		Total # of Client Deaths Attributed to the OB:	Total # of Clients at Risk:
Microorganism(s) Lab confirmed Yes □ No □ Microorganism(s) Identified - specify:			• • • • • • • • • • • • • • • • • • • •
Interventions			Interventions
Chemoprophylaxis (e.g., Oseltamivir): Yes □ No □			
Treatment of Cases: Yes No			
Outbreak Measures Yes No Other:			
Comments:			Outbreak Measures Yes Other:

AC: Forward Report to Staff Development (staffdevelopment@southernhealth.ca) and fax to Regional Coordinator, IP&C at 204-326-2969 PCH: Forward Report to Staff Development (staffdevelopment@southernhealth.ca) and Regional IP&C Nurse-LTC (pchipc@southernhealth.ca) by 1000hrs