



OUTBREAK REPORT

- Initial Report
- Progress Report
- Final Report

Date: _____
 Date: _____
 Date: _____

Type of Outbreak: _____ Provincial Outbreak Code: _____

Demographics

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 Hoarse Voice Runny nose Arthralgia (joint pain) Myalgia (muscular pain)
 Prostration (extreme exhaustion) Other: _____

# Lab Confirmed Cases:	# Clinical Cases:	Total # of Client Cases:
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# of Vaccinated Clients:	Total # of Clients Hospitalized:
Total # of Clients at Risk:	Total # of Client Deaths Attributed to the OB:

Organism Description

Microorganism(s) Lab confirmed Yes No

Microorganism(s) Identified - specify: _____

Interventions

Chemoprophylaxis (e.g., Oseltamivir): Yes No

Treatment of Cases: Yes No

Outbreak Measures Yes No

Other: _____

Comments: _____

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