

Preliminary Report of an Institutional Outbreak

Please complete this form as soon as an outbreak is suspected. Fax it to the appropriate number as noted below. A public health unit investigator will contact you as soon as your fax is received. If you do not have contact by the end of the business day, please report by phone.

Type of outbreak		
<input type="checkbox"/> Report of a Respiratory Outbreak	<input type="checkbox"/> Report of an Enteric Outbreak	
Report to the Public Health Sudbury & Districts	Report from:	
Respiratory outbreak reporting: Phone: 705.690.1939 Fax: 705.677.9618 After hours call: 705.688.4366	Institution name:	
	Institution address:	
Enteric outbreak reporting: Phone: 705.522.9200, ext. 464 Fax: 705.677.9607 After hours call: 705.688.4366	Date of onset of illness in first case:	
	Name and contact number of person reporting:	
Institution type		
Long-term Care Home <input type="checkbox"/> Nursing home <input type="checkbox"/> Other (specify):	Hospital: Operates under Public Hospitals Act? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Rehab <input type="checkbox"/> Psychiatric	
Other <input type="checkbox"/> Retirement home (with more than 10 residents) <input type="checkbox"/> Children's residence	<input type="checkbox"/> Facility operating under the Developmental Services Act <input type="checkbox"/> Other:	
Outbreak description		
	Residents or patients	Staff ¹
Total number in the institution		
Total number in affected area/unit ²		
Total number of cases		
Number of cases admitted to hospital		
Number of deaths among cases		
Symptoms		
For respiratory outbreaks only: Please specify respiratory signs and symptoms by checking boxes in the columns on the right.	<input type="checkbox"/> Abnormal temperature ($\geq 37.5^{\circ}\text{C}$ or $\leq 35.5^{\circ}\text{C}$ or temp known to be abnormal for that person) <input type="checkbox"/> Cervical lymphadenopathy <input type="checkbox"/> Chills <input type="checkbox"/> Cough <input type="checkbox"/> Headache	<input type="checkbox"/> Loss of appetite <input type="checkbox"/> Malaise <input type="checkbox"/> Myalgia <input type="checkbox"/> Nose: congestion, runny, sneezing <input type="checkbox"/> Pneumonia ³ <input type="checkbox"/> Prostration <input type="checkbox"/> Throat: sore, hoarseness, difficulty swallowing
For enteric outbreaks only: Please specify enteric signs and symptoms by checking boxes in the columns on the right.	<input type="checkbox"/> Abdominal cramps <input type="checkbox"/> Diarrhea, bloody <input type="checkbox"/> Diarrhea, watery <input type="checkbox"/> Fever	<input type="checkbox"/> Headache <input type="checkbox"/> Malaise <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting
Immunization information (for respiratory outbreaks only)		
Total number of residents vaccinated with seasonal influenza vaccine prior to the outbreak ⁴ :		
Total number of staff vaccinated with seasonal influenza vaccine prior to the outbreak:		
Total number of residents vaccinated with pneumococcal vaccine:		
1 Staff: All persons who carry on activities in the facility including employees, nurses, students, medical staff, physicians, contract workers and volunteers		
2 The total number in affected area/unit refers to the total population at risk of developing the disease		
3 Pneumonia that has been confirmed by chest x-ray		
4 Prior to the outbreak: Any time during the current influenza and respiratory infection season but at least 2 weeks before the onset of the current outbreak		

