

COVID-19 Outbreak FINAL Form of an Institutional Outbreak

Please **complete** this final report to your respective Timiskaming Health Unit office within **1 week** of the outbreak being declared over.

General outbreak information

Institution name Outbreak #

| | Resident/patient case | Staff case |
|-------------------------------------------|-------------------------------------------|-------------------------------------------|
| Onset date of the first case (dd/mm/yyyy) | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Onset date of the last case (dd/mm/yyyy) | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

Date outbreak declared over (dd/mm/yyyy)

Specify the outbreak's laboratory-confirmed lineage if known. *i.e.*,
Lineage B.1.1.529 mutation K417T, S target screen failure

Resident/patient and staff information

Summary of line listed COVID-19 cases during the outbreak

| | Resident/patient | Staff |
|----------------------------------|-------------------------------------------|-------------------------------------------|
| Total # cases | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| # of cases admitted to hospital | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| # of cases with pneumonia (CXR+) | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| # of deaths among cases | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

Do all the deaths on the outbreak Line List state whether COVID-19 was the primary cause, contributed, or was unrelated to the death? (Yes/No)

Antiviral medication: complete this section ONLY if antivirals were used.

Were antivirals used during this outbreak? (Yes/No)

Was antiviral medication administered to residents/patients? (Yes/No)

Was antiviral medication administered to staff? (Yes/No)

Summary of residents/patients and staff who received antiviral medication

| | # residents/patients | # staff |
|---------------------------------|-------------------------------------------|-------------------------------------------|
| Those not yet ill (prophylaxis) | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Ill persons (treatment) | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

Please share any comments or suggestions