

FINAL REPORT
of an Institutional COVID Infection Outbreak

Please **FAX** this final report to your respective Timiskaming Health Unit office within **1 week** of the outbreak being declared over. THU Confidential Fax Number: **705-647-5779**

SECTION A: General Outbreak Information			
A-1	Institution Name:	Outbreak #:	
A-2	Date of Onset	Resident/Patient Case	Staff Case
	Illness in the first case (yy/mm/dd)		
	Illness in the last case (yy/mm/dd)		
A-3	Date Outbreak Declared Over (yy/mm/dd)		
A-4	Was the Outbreak Lineage Laboratory confirmed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If lab-confirmed (A-4 is "yes"), please fill in Lineage information below along with Outbreak Mutation (if known) i.e. Lineage B.1.1.529 mutation K417T, S target screen failure			

COMPLETE THIS SECTION FOR COMPLETED COVID OUTBREAKS			
SECTION B: Resident/Patient and Staff Information			
B-1	Summary of Line Listed Cases ♦ During Current Non-Influenza Outbreak		
		Resident/Patient	Staff
	Total # Cases ♦		
	# Cases ♦ admitted to hospital		
	Cases ♦ with pneumonia (CXR+)		
	# Deaths among cases ♦		
B-2	Were antivirals used during this outbreak?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	# Deaths among cases ♦		

***Please specify cause of death as per death certificate on Line List under notes – ie. was DOPHS (Diseases of Public Health Significance) the primary cause of death, contributed to death or unrelated to death*

COMPLETE THIS SECTION <u>ONLY</u> IF ANTIVIRALS WERE USED DURING THE OUTBREAK			
SECTION F: Antiviral Medication Use			
C-1			
C-2	Was antiviral medication administered to residents/patients?		<input type="checkbox"/> Yes <input type="checkbox"/> No
C-3	Was antiviral medication administered to staff?		<input type="checkbox"/> Yes <input type="checkbox"/> No
C-4	Summary of Residents/Patients and Staff who Received Antiviral Medication		
		# Residents/Patients	# Staff
	Those not yet ill (prophylaxis)		
	Ill persons (treatment)		