

**Timiskaming Health Unit**  
**Final Report of an Institutional Respiratory Infection Outbreak**

Please **FAX** this final report to your respective Timiskaming Health Unit office within **1 week** of the outbreak being declared over. See instructions for assistance in completing this form. THU Confidential Fax Number: **705-648-6305**

**SECTION A: General Outbreak Information**

<b>A-1</b>	Institution Name:	iPHIS Outbreak #:
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<b>A-2</b>	<b>Date of Onset</b>	<b>Resident/Patient Case</b>	<b>Staff Case</b>
	Illness in the first case (yy/mm/dd)		
	Illness in the last case (yy/mm/dd)		
			<input type="checkbox"/> No Staff Cases

<b>A-3</b>	Date Outbreak Declared Over (yy/mm/dd)
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<b>A-4</b>	Was the causative organism of the outbreak lab-confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If lab-confirmed (A-4 is "yes"), check all that apply.</b>		
	<input type="checkbox"/> Influenza A ( <i>subtype if available</i> ) _____	<input type="checkbox"/> Influenza B ( <i>subtype if available</i> ) _____
	<input type="checkbox"/> RSV	<input type="checkbox"/> Rhinovirus
	<input type="checkbox"/> Parainfluenza ( <i>type if available</i> ) _____	<input type="checkbox"/> Adenovirus
	<input type="checkbox"/> Enterovirus ( <i>specify if available</i> ) _____	<input type="checkbox"/> Other ( <i>specify</i> ) _____

<b>A-5</b>	Was influenza vaccination offered to residents/patients <b>during this</b> outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>A-5a</b>	If "yes", specify the # of residents/patients immunized during this outbreak.	
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**List Infection Prevention & Control Measures Utilized**

Initiate additional precautions, isolation, & apply appropriate signage (i.e. droplet) upon identification of symptomatic resident/patient	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintain additional precautions for 5 days from symptom onset	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilize additional precautions: droplet personal protective equipment (gloves, gown, mask, and eye protection)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Outbreak notification signage on facility door and ward	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Routine precautions (i.e. hand hygiene)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Environmental controls (i.e. effective cleaning supplies against causative agent, increased cleaning)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notify Public Health upon 2 symptomatic resident/patients within a 48 hour period and declare outbreak?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public notice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Facility closure to public	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Co-horting staff and resident/patient care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Co-horting symptomatic residents (if in ward like setting)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

**COMPLETE THIS SECTION FOR NON-INFLUENZA OUTBREAKS ONLY**  
(i.e. outbreaks due to unknown organisms or organisms other than influenza)

**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>B-2</b>	Were antivirals used during this outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>“yes”</b> Provide reason for antiviral medication use during non-influenza outbreak:  If <b>“no”</b> and this was a <b>Non-Influenza outbreak</b> , the Final Report is complete. For all other outbreaks, continue with sections C through F.
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**NOTE: ANTIVIRAL MEDICATION USE IS ONLY RECOMMENDED DURING LAB CONFIRMED INFLUENZA OUTBREAKS**

**COMPLETE SECTIONS C TO F FOR OUTBREAKS DUE TO INFLUENZA OR COMBINED ONLY\***

**SECTION C: Current Influenza and Respiratory Infection Season Vaccination Status**

C-1	Current Influenza Vaccination Status				
		Total # Residents/Patients	# Residents/Patients Vaccinated Prior to Outbreak●	Total # Staff■	# Staff■ Vaccinated Prior to Outbreak●
	Entire Facility				
	Affected Area/Unit				

**SECTION D: Resident/Patient and Staff Information**

D-1	Summary of Line Listed <u>Residents/Patients</u> During Current Influenza Outbreak			
	Information Related to the Current Outbreak	Total # Resident/Patient Cases	# Resident/Patient Cases Vaccinated Prior to Outbreak●	# Resident/Patient Cases <u>Not</u> Vaccinated Prior to Outbreak●
	Total # Cases◆			
	# Cases◆ admitted to hospital			
	# Cases◆ with pneumonia (CXR+)			
	# Deaths among cases◆			
D-2	Summary of Line Listed <u>Staff</u> During Current Influenza Outbreak			
	Information Related to the Current Outbreak	Total # Staff■ Cases	# Staff■ Cases Vaccinated Prior to Outbreak●	# Staff■ Cases Not Vaccinated Prior to Outbreak●
	Total # Cases◆			
	# Cases◆ admitted to hospital			
	# Cases◆ with pneumonia (CXR+)			
	# Deaths among cases◆			

**SECTION E: ■ Immunization**

E-1	Was influenza immunization offered to staff on-site this influenza season (October-April)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-2	Does the facility have a staff exclusion policy requiring staff influenza immunization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-3	Was influenza immunization offered to staff & residents on-site during the <b>current</b> outbreak?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-3a	If "yes," specify the number of staff immunized during the <b>current</b> outbreak.		
E-4	Were staff excluded from work during the outbreak (because they were not immunized and not on antiviral medication)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-4a	If "yes," specify the number of staff excluded.		
E-5	Were staff excluded under policy of the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-6	Were staff excluded by Medical Officer of Health (MOH) (by order under section 22 of the <i>Health Protection and Promotion Act</i> )?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMPLETE THIS SECTION **ONLY** IF ANTIVIRALS WERE USED DURING THE OUTBREAK

**SECTION F: Antiviral Medication Use**

<b>F-1</b>	Was antiviral prophylaxis initiated within 24 hours of a laboratory confirmed influenza outbreak?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Was antiviral medication administered to residents/patients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>F-2</b>	Was antiviral medication administered to staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>F-2a</b>	If "yes", please specify under what circumstances, i.e. were they vaccinated or not?			
<b>F-3</b>	<b>Summary of Residents/Patients and Staff who Received Antiviral Medication</b>			
		# Residents/Patients	# Staff	
	Those not yet ill (prophylaxis)			
	Ill persons within 48 hours of onset of symptoms (treatment)			
	Ill persons > 48 hours after onset of symptoms (NOT recommended)			
<b>F-4</b>	<b>Summary of the Length of Antiviral Medication Usage for Residents/Patients and Staff</b>			
		Residents/Patients		Staff
	Antiviral Used	Amantadine	Oseltamivir (Tamiflu)	Amantadine Oseltamivir (Tamiflu)
	Range★ (minimum to maximum length of prophylaxis (in days))			
	Length of treatment (in days)			
<b>F-5</b>	Did amantadine/oseltamivir appear to decrease the number of new cases among residents/patients within 72 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
<b>F-5a</b>	If "no", were additional nasopharyngeal specimens sent to the laboratory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>F-6</b>	Did anyone contract influenza-like-illness (ILI) while on antiviral prophylaxis for a minimum of 72 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>F-6a</b>	If "yes", how many people contracted ILI while on antiviral prophylaxis?			
<b>F-6b</b>	If "yes", were any of the cases lab-confirmed influenza?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Answer F-7 to F-10 ONLY if oseltamivir was used.</b>				
<b>F-7</b>	How many people developed side effects to oseltamivir?	# of residents/patients:		
		# of staff:		
<b>F-8</b>	If side effects to oseltamivir were reported, specify below (use 'other' for symptoms not listed).			
	<input type="checkbox"/> headache	<input type="checkbox"/> fatigue	<input type="checkbox"/> nausea	<input type="checkbox"/> diarrhea
	<input type="checkbox"/> abdominal pain	<input type="checkbox"/> insomnia	<input type="checkbox"/> vertigo	<input type="checkbox"/> cough
		<input type="checkbox"/> other (specify)	<input type="checkbox"/> vomiting	
<b>F-9</b>	Of those that developed side effects, how many discontinued use of oseltamivir due to side effects?	# of residents/patients:		
		# of staff:		