

Reporting Requirements for Influenza Outbreaks 519-376-9420 • www.publichealthgreybruce.on.ca • 1-800-263-3456

| Facility: | Outbreak Number 2233-20 |
|------------|--------------------------|
| Telephone: | Facility Contact Person: |

The following is to be completed and returned to the Grey Bruce Health Unit (fax 519-376-4152) within 5 days after an influenza outbreak has been declared over. This information is required by the Ministry of Health and Long-Term Care.

Respiratory Outbreak Summary Counts

| Outbreak Denominator Counts | Resident | Staff |
|---|----------|-------|
| Total # at risk in the area(s)/unit(s) where the outbreak was declared. | | |
| Total # of residents/patients and staff in the institution on the day the outbreak started. | | |

| Outbreak Numerator Counts | Resident | Staff |
|--|----------|-------|
| Total # of individuals in the institution that were immunized prior to outbreak (at least 2 weeks before | | |
| the onset of the current outbreak) | | |
| Total # of individuals in the affected area(s)/unit(s) that were immunized prior to the outbreak (at least | | |
| 2 weeks before the onset of the current outbreak) | | |
| Total # of cases that were line listed, met case definition and were r/t the outbreak | | |
| Total # of cases admitted to hospital (only those line listed, met case definition, and were r/t the outbreak) | | |
| Total # of cases with chest X-ray confirmed pneumonia (only those line listed, met case definition, and were r/t the outbreak) | | |
| Total # of outbreak-related deaths (cases that were line listed and met case definition) | | |



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Complete this section for outbreaks due to Influenza or combined Influenza outbreaks only

| | Resident | Staff |
|--|----------|-------|
| Total # of residents/patients and staff immunized during the current outbreak | | |
| Total # of cases that were line listed, met case definition, were r/t the outbreak and were immunized | | |
| with the current season's influenza vaccine prior to the outbreak | | |
| Total # of line listed cases that met the case definition, were r/t the outbreak and were NOT immunized | | |
| with the current season's influenza vaccine prior to the outbreak | | |
| Total # of cases admitted to hospital that were line listed, met case definition, were r/t the outbreak and | | |
| were immunized with current season's influenza vaccine prior to the outbreak (do not include patients | | |
| involved in hospital outbreak) | | |
| Total # of cases admitted to hospital that were line listed, met case definition, were r/t the outbreak and | | |
| were NOT immunized with current season's influenza vaccine prior to the outbreak (do not include | | |
| patients involved in hospital outbreak) | | |
| Total # of cases with chest X-ray pneumonia that were line listed, met case definition, were r/t the | | |
| outbreak and were immunized with current season's influenza vaccine prior to the outbreak. | | |
| Total # of cases with chest X-ray pneumonia that were line listed, met case definition, were r/t the | | |
| outbreak and were NOT immunized with current season's influenza vaccine prior to the outbreak. | | |
| Total # of outbreak-related deaths in cases who were line listed, met case definition, and were | | |
| immunized with current season's influenza vaccine prior to the outbreak | | |
| Total # of outbreak-related deaths in cases who were line listed, met case definition, and were NOT | | |
| immunized with current season's influenza vaccine prior to the outbreak | | |

Complete this section only if antivirals were used during the outbreak

| | Resident | Staff |
|--|----------|-------|
| Total # of residents/patients and/or staff that were prescribed antiviral medication for prophylaxis | | |
| (include only persons who were not ill when they first started the antiviral medication) | | |
| Total # of ill residents/patients and/or staff that were prescribed antiviral medication for treatment | | |
| within 48 hours of symptom onset | | |



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| Total # of ill residents/patients and/or staff that were prescribe antiviral medication for treatment >48 | |
|---|--|
| hours after symptom onset | |
| Total # of residents/patients and/or staff that developed side effects to Tamiflu (oseltamivir) | |
| Total # of residents/patients and/or staff who discontinued use of Tamiflu (oseltamivir) due to side | |
| effects | |

Summary Questionnaire for Influenza Outbreaks

Complete this section for outbreaks due to Influenza or combined influenza outbreaks

| | YES / NO / DETAILS |
|---|--------------------|
| Does the facility have an exclusion policy requiring unimmunized staff who are not taking antivirals to be excluded during an influenza outbreak? | |
| | |
| Were staff excluded during this outbreak as a result of this policy? | |
| Was antiviral prophylaxis initiated within 24 hours of a laboratory confirmed influenza outbreak? | |
| Were staff excluded by Medical Officer of Health (MOH) by an order under section 22 of the HPPA? | |
| If yes, why? | |
| | |