

Definitions

Symptomatic Respiratory Infection (RI) Resident Case:	<ul style="list-style-type: none"> new or worsening cough, AND a fever greater than 38° C or a temperature that is abnormal for that person, AND at least one other symptom.(eg. myalgia/arthralgia, prostration, sore throat.)
Lab Confirmed Respiratory Organisms Case:	<ul style="list-style-type: none"> Resident exhibiting signs compatible with a respiratory illness and subsequently tests PCR positive by lab (i.e. COVID, Influenza, Rhinovirus etc.)
Gastrointestinal Infection (GI) Case:	<p>One of the following conditions that cannot be attributed to another cause: (e.g. laxative use, medication side effect, diet, prior medical condition)</p> <ul style="list-style-type: none"> Two or more episodes of diarrhea in a 24 hour period (above 'normal') OR Two or more episodes of vomiting in a 24 hour period OR One episode each of vomiting and diarrhea in a 24 hour period OR Positive culture for a known enteric pathogen with a symptom of GI infection (e.g. vomiting, abdominal pain, diarrhea) OR One episode of bloody diarrhea

Information for completing the Form

Reporting Information: Update and complete all sections daily.	
Outbreak Details: Complete the ENTIRE section of this Form once at the beginning of outbreak, except Outbreak Declared Over Date. This will remain completed and unchanged for the duration. At the end of the outbreak, ensure the Outbreak Declared Over Date is completed.	
<i>Outbreak Location:</i>	A floor or unit in the facility OR the entire facility. The CD Unit or ICP will confirm what area is under outbreak.
<i>Number of Beds in Outbreak Location</i>	Include bed count for only the area the outbreak is declared on (eg. unit/wing or entire facility)
<i>Onset date of First Case</i>	This is the date the first case started to develop symptoms.
<i>Date Outbreak Declared</i>	This is the date the MHO or Medical Microbiologist declared the outbreak.
<i>Date Outbreak Declared Over</i>	This is the date the MHO or Medical Microbiologist declared the outbreak Over.
<i>Total number of cases at outbreak declaration</i>	This is how many cases there were when the outbreak was declared. Additional cases may have been identified after the outbreak was declared – these would not be included here.
<i>Total number of people living/working in Outbreak location</i>	This may be different than the “number of beds” due to empty beds. For staff, this means the total number of staff hired to work in the outbreak location (all disciplines) not the number of staff working during one shift.
Outbreak Reporting: Complete daily, M-F. ALL fields must be completed, for staff and residents – if there is nothing to report, ensure these are marked as 0 (zero). Only one report is needed per day. If new cases are identified after the day's report has been submitted, these new cases would be included on the next report. Regarding staff cases – only include staff cases that are being reported (criteria set by MHO/CD Unit during initial OMT).	
*Acute Care Outbreaks complete the form at Outbreak Declaration and Outbreak Over.	
<i>Number of new cases since last report</i>	This is how many cases identified since the last time a report was submitted. This number must meet case definition. Eg. this would be cases identified after outbreak declaration, or cases identified since the last report.
<i>Number of cases misidentified and removed</i>	If a case was reviewed after it was reported on this form and determined it didn't actually meet case definition, use this field to note this. The total case number would decrease by this number. Adjust dates accordingly.
<i>Number of cases misidentified and added</i>	If a case met case definition on a day but was not reported on this form that day, use this field to note this. The total case number would increase by this number. Adjust dates accordingly.
<i>Total Number of Cases to Date</i>	This is how many cases there have been included in the outbreak since it started and is a running total. It will not decrease (unless misidentified). Cases coming off isolation are not reflected in this number. Day to day, “new cases since last report” are added to this number, and should follow from the previous day's report.
<i>Total number of cases hospitalized > 12 hrs to date</i>	This is a running total of cases that were hospitalized for reasons related to the outbreak illness. This number will not decrease. Once reported on this form, the case will always be reflected in this number.
<i>Total number of deaths suspected to be linked to a case</i>	This is a running total of cases that expired. For simplification, if a person who met case definition expired without recovering, or it is felt the death is linked to the illness to any extent - it is reported on this form. If this occurs after the outbreak is over, within a short time frame, please update the CD Unit.
<i>Date of onset for most recent case</i>	This will be used to count from for declaring the outbreak over. Must be adjusted if cases are added or removed (ie. misidentified)
<i>Last date ill staff worked</i>	This is the most recent date an ill staff person worked. This will be used to count from for declaring the outbreak over.

Please complete and email to CDOutbreak@interiorhealth.ca
 For IH facilities, send a copy to your ICP as well

Reporting Information		Today's Date (dd/mm/yyyy)
Name of Person Reporting		Contact Phone

Outbreak Details		
Type of Outbreak: <input type="checkbox"/> GI (Gastrointestinal) <input type="checkbox"/> RI (Respiratory)		
Facility Name	City/Town	<input type="checkbox"/> IH Facility <input type="checkbox"/> Private <input type="checkbox"/> Contracted
Outbreak Location: <input type="checkbox"/> (unit/cottage/floor) _____ OR <input type="checkbox"/> Entire facility		Number of beds in Outbreak Location _____
Onset Date of First Case (dd/mm/yyyy)	Date Outbreak Declared (dd/mm/yyyy)	Date Outbreak Declared Over (dd/mm/yyyy)
	Patients / Residents	Staff (all disciplines included)
Total Number (#) of cases at Outbreak declaration		
Total Number (#) of people living or working in Outbreak location		

Outbreak Reporting		
	Patients / Residents	Staff
Number of new cases since last report		
Number of cases misidentified and REMOVED		
Number of cases misidentified and ADDED		
TOTAL NUMBER OF CASES TO DATE		
TOTAL NUMBER OF CASES HOSPITALIZED > 12 HOURS TO DATE		
TOTAL NUMBER OF DEATHS SUSPECTED TO BE LINKED TO A CASE		
Date of onset for most recent case (dd/mm/yyyy)		
Last Date ill staff worked (dd/mm/yyyy)		