

Please complete and email to [cdunit@interiorhealth.ca](mailto:cdunit@interiorhealth.ca) or fax to **250-549-6310**  
 For IH facilities, send a copy to your ICP as well

<b>Type of Outbreak:</b> <input type="checkbox"/> <b>GI</b> (Gastrointestinal) <input type="checkbox"/> <b>RI</b> (Respiratory)		<b>Date</b> (dd/mm/yyyy)
Facility Name	City/Town	<input type="checkbox"/> IH Facility <input type="checkbox"/> Private <input type="checkbox"/> P3
Outbreak Location: <input type="checkbox"/> (unit/cottage/floor) _____ <b>OR</b> <input type="checkbox"/> Entire facility		Number of beds in Outbreak Location _____
Name of Person Reporting	Contact Phone	Facility Phone

<b>Section A: Initial Reporting Information</b>		
Onset Date of First Case (dd/mm/yyyy)	Date Outbreak Declared (dd/mm/yyyy)	
	<b>Patients / Residents</b>	<b>Staff</b> (all disciplines included)
Total Number (#) of <b>cases</b> on the day the Outbreak is declared		
Total Number (#) of <b>people</b> living or working in Outbreak location		
Typical Symptoms (check all that apply)		
GI Symptoms: <input type="checkbox"/> diarrhea <input type="checkbox"/> vomiting <input type="checkbox"/> abdominal pain <input type="checkbox"/> nausea <input type="checkbox"/> headache <input type="checkbox"/> fever >38° or abnormal temperature		
RI Symptoms: <input type="checkbox"/> new or worsening cough <input type="checkbox"/> fever >38° or abnormal temperature		
<input type="checkbox"/> runny nose <input type="checkbox"/> sore throat <input type="checkbox"/> headache <input type="checkbox"/> fatigue <input type="checkbox"/> muscle or joint pain		

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

<b>Section C: Outbreak Declared Over</b>		
Date of Onset for most recent case in Facility (dd/mm/yyyy)	Date Outbreak declared over (dd/mm/yyyy)	
	<b>Patients / Residents</b>	<b>Staff</b>
<b>Total number of cases</b>		

## Definitions

### Respiratory Infection (RI) Outbreak

Two or more epidemiologically linked cases of RI occurring within 7 days in a geographic area (eg. unit or floor). One of these cases must be a resident/client.

#### Case of Respiratory Infection

- new or worsening cough **AND**
- a fever greater than 38°C or a temperature that is abnormal for the person **AND**
- at least one other symptoms (eg. myalgia / arthralgia, prostration, sore throat)
- temperature of <35.6°C or > 37.4°C in the elderly may be an indication of infection.

### Gastrointestinal (GI) Infection Outbreak

Three or more cases of GI infection within the same setting (e.g. unit, ward, wing, facility) in a four-day period.

#### Case of Gastrointestinal (GI) Infection

Any one of the following conditions that cannot be attributed to another cause: (e.g. laxative use, medication side effect, change in diet, or prior medical condition)

- Two or more episodes of diarrhea in a 24-hour period (above what is considered normal for that individual)
- Two or more episodes of vomiting in a 24-hour period
- One episode each of vomiting and diarrhea in a 24-hour period
- Positive culture for a known enteric pathogen and a symptom of GI infection
- One episode of bloody diarrhea

## Instructions for completing the RI and GI Outbreak Report Form

- Include the **Date, Type of Outbreak, Facility Name & City, Name of Person Reporting** and **contact information** at the top of the form *each day* the form is sent to the CD Unit. (**If not completing this form electronically, make copies of the initial document submitted so the information does not have to be re-entered each time.**) Indicate if the facility is an IH-owned, private or P3 facility.
- Complete **Outbreak Location**: this may be a floor or unit with the facility OR it may be the entire facility. Indicate the total Number of Beds in Outbreak Location.
- **Send the form to the CD Unit (email the form to [cdunit@interiorhealth.ca](mailto:cdunit@interiorhealth.ca) or fax to 250-549-6310).** Forward a copy to the Infection Control Practitioner for IH facilities.

### Section A: Initial Reporting Information (to be completed ONLY on the day Outbreak is declared)

- Complete **Onset Date of First Case** (Date first case developed symptoms)
- Complete **Date Outbreak Declared**
- Complete **Total Number of cases on the day Outbreak declared** for both patients/residents and staff
- Complete **Total Number of people living/working in Outbreak Location** for both patients/residents and staff. (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 area, not the number of staff working during one shift.
- Complete **Typical Symptoms**. Select either GI or RI symptoms – identify symptoms of cases

### Section B: Daily Outbreak Update (to be completed DAILY)

- Complete this section daily during the outbreak and forward to the CD Unit and your ICP (for IH facilities)
- Complete **Number of New Cases since last report**, and **Total Number of Cases to Date**. If there are no new cases since the last report, please write "0".
- If you have incorrectly identified any cases and need to remove them from the total, please write the number under "Number of cases misidentified and REMOVED".
- If you have identified any new cases that were not previously added and need to add them now, please write the number under "Number of Cases misidentified and ADDED".
- Complete total number of cases hospitalized > 12 hrs due to outbreak symptoms to date. This is a running total.
- Complete total number of deaths suspected to be linked to a case. This is a running total.
- Complete **Date of Onset of Most Recent Case**
- Complete the last date that an ill staff member worked.

### Section C: Outbreak Declared Over (to be completed ONLY on the day the Outbreak is declared over)

- Provide the **date of onset for the most recent case of illness**
- Provide the **date that the Outbreak is being declared over**
- Provide the **total number of cases for patients/residents and staff**