

Complete this form once an outbreak has been declared.

## Definitions

<b>Symptomatic Respiratory Infection (RI) Resident Case:</b>	<ul style="list-style-type: none"> <li>new or worsening cough, <b>AND/OR</b></li> <li>a fever greater than 38° C or a temperature that is abnormal for that person, <b>AND</b></li> <li>at least one other symptom.(eg. myalgia/arthritis, prostration, sore throat.)</li> </ul>
<b>Lab Confirmed Respiratory Organisms Case:</b>	<ul style="list-style-type: none"> <li>A resident who shows symptoms of respiratory illness and then tests PCR positive by lab.</li> </ul>
<b>Gastrointestinal Infection (GI) Case:</b>	<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"> <li>Two or more episodes of diarrhea in a 24 hour period (above 'normal') <b>OR</b></li> <li>Two or more episodes of vomiting in a 24 hour period <b>OR</b></li> <li>One episode each of vomiting and diarrhea in a 24 hour period <b>OR</b></li> <li>Positive culture for a known enteric pathogen with a symptom of GI infection (e.g. vomiting, abdominal pain, diarrhea) <b>OR</b></li> <li>One episode of bloody diarrhea</li> </ul>

## Information for completing the Form

<b>Reporting Information:</b> Update daily, M-F	
<b>Outbreak Details:</b> Fill out the entire section only once at the start of the outbreak, except for the "Outbreak Declared Over" date. This information stays the same throughout the outbreak. When the outbreak ends, fill in the "Outbreak Declared Over" date.	
<i>Outbreak Location</i>	A floor or unit in the facility OR the entire facility. The CD Unit or IP will confirm what area is under outbreak.
<i>Number of Beds in Outbreak Location</i>	The number of beds for the area where the outbreak is happening. (e.g. unit, floor, entire facility)
<i>Number of residents in Outbreak Location</i>	The number of residents currently living in the area where the outbreak is happening. (e.g. unit, floor, entire facility)
<i>Onset date of First Case</i>	Date the first person started to show symptoms.
<i>Date Outbreak Declared</i>	Date the MHO or Medical Microbiologist declared the outbreak.
<i>Date Outbreak Declared Over</i>	Date the MHO or Medical Microbiologist declared the outbreak over.
<i>Total number of cases at outbreak declaration</i>	Number of cases when the outbreak was initially declared. Cases found after declaration are not included here.
<b>Outbreak Reporting:</b> Fill out the form every weekday (M-F). Complete <b>ALL</b> fields. If there is nothing to report, enter 0. Submit only one report per day. If new cases are found after submitting, include them in the next day's report. For staff: only include those who meet criteria approved by the MHO / CD Unit. <i>Acute Care Outbreaks, fill out the form only at the start and end of the outbreak.</i>	
<i>Total Number of Cases from last report:</i>	Carry over Total Number of Cases from previous day.
<i>Number of new cases since last report:</i>	New cases found since the last report. These must meet case definition. E.g. cases found after the outbreak declaration or since the last report.
<i>Number of cases misidentified and removed:</i>	If a case was later found not to meet the case definition, use this field to record it. This will lower the total case count. Adjust dates accordingly.
<i>Number of cases misidentified and added:</i>	If a case met the case definition on a certain day but was not reported that day, use this field to add it. This will increase the total case count. Adjust dates accordingly.
<i>Total Number of Cases to Date:</i>	A running total of the number of cases in the outbreak since it began. Each day, add new cases to this total. This total will not decrease unless a case is misidentified. Cases removed from isolation do not change this number.
<i>Date of onset for most recent case:</i>	This date is used to decide when the outbreak can be declared over. Adjust the date if cases are added or removed (i.e. misidentified).
<i>Last date ill staff worked:</i>	The last day an ill staff person worked. It helps determine when the outbreak can be declared over.
<i>Total number of cases hospitalized &gt;12 hrs to date:</i>	A running total of cases hospitalized due to the outbreak illness. This number will not decrease.
<i>Total number of deaths suspected to be linked to a case:</i>	A running total of cases who died. Report any death of a case that did not recover or is linked to the illness. If a death happens shortly after the outbreak ends, consult with CD Unit. This number will not decrease.

Please complete and email to [CDOutbreak@interiorhealth.ca](mailto:CDOutbreak@interiorhealth.ca)  
 For IH facilities, send a copy to your ICP as well

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

<b>Outbreak Details</b>		
Type of Outbreak: <input type="checkbox"/> <b>GI</b> (Gastrointestinal) <input type="checkbox"/> <b>RI</b> (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) _____ <b>OR</b> <input type="checkbox"/> Entire facility		
Number of beds in Outbreak Location _____ Number of residents in Outbreak Location _____		
Onset Date of First Case (dd/mm/yyyy)	Date Outbreak Declared (dd/mm/yyyy)	Date Outbreak Declared Over (dd/mm/yyyy)
	<b>Patients / Residents</b>	<b>Staff</b> (all disciplines included)
Total Number (#) of <b>cases</b> at Outbreak declaration		

<b>Outbreak Reporting</b>		
	<b>Patients / Residents</b>	<b>Staff</b>
Total Number of Cases from last report		
Number of <b>NEW</b> 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>		
Date of onset for most recent case (dd/mm/yyyy)		
<b>Last Date ill staff worked</b> (dd/mm/yyyy)		
<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>		