

FACILITY REPORTING FORM: Outbreak Case Counts

Facility Name:

Date:

Outbreak Number:

Please complete and Fax to the Health Unit at **807-625-4822** at the end of the outbreak.

Outbreak Denominator Counts	Resident	Staff
Total # at risk in affected area		
Total # in the facility		

Outbreak Numerator Counts	Resident	Staff
# Cases		
# Lab confirmed cases		
# Admitted to hospital		
# Cases with pneumonia		
# Deaths		

Complete the sections below for outbreaks with **Influenza** as an agent only

Respiratory Numerator Counts	Resident	Staff
Total # in institution Immunized prior to Outbreak		
Total # not immunized prior to Outbreak		
Total # immunized during the current outbreak		
Total # in affected area Immunized prior to Outbreak		
Hospitalized - # cases immunized prior to Outbreak		
Hospitalized - # cases not immunized prior to OB		
Cases with Pneumonia – # immunized prior to OB		
Cases with Pneumonia – # not immunized prior to OB		
Deaths - # immunized prior to OB		
Deaths - # not immunized prior to OB		

Complete the section below only if **antivirals** were used during the outbreak

Influenza Numerator Counts	Resident	Staff
Antiviral - Those not yet ill [Prophylaxis]		
Antiviral - ill persons within 48 hours of onset of symptoms [Treatment]		
Antiviral - ill persons > 48 hours after onset of symptoms [Treatment]		
How many people developed side effects to Tamiflu?		
Of those that developed side effects, how many discontinued use of Tamiflu due to side effects?		

Last Updated: August 2023