

For Office Use Only

OUTBREAK REPORT **Manitoba Health** CDC Unit Fax: (204) 948-3044

INSTRUCTIONS Upon suspicion of a communicable disease outbreak please complete the **Outbreak Identification** sections on both sides of this page and the **Initial Assessment**. Fax to above number.

OUTBREAK IDENTIFICATION	Month Outbreak Recognized (mm/yy) _____ / _____
Choose 1	<input type="checkbox"/> GI only <input type="checkbox"/> GI/Jaundice <input type="checkbox"/> Fever/Headache <input type="checkbox"/> STD/UTI <input type="checkbox"/> Fever/Rash
Syndrome:	<input type="checkbox"/> Resp. only <input type="checkbox"/> GI/Resp. <input type="checkbox"/> Other <i>pls. specify</i> _____
Please choose a unique name to be used for this outbreak only: _____ (max 10 letters)	

NOTE: Unchecked boxes assumed negative

INITIAL ASSESSMENT

Contact Person: _____ Phone/fax: _____ / _____

RHA(s) involved _____ Date (yyyy/mm/dd) _____ / _____ / _____

- | | | |
|---|----------------|---|
| Site/Location <i>Check all that apply</i> | <i>Name(s)</i> | <i>Name(s)</i> |
| <input type="checkbox"/> Food Handling Establishment _____ | | <input type="checkbox"/> Hospital _____ |
| <input type="checkbox"/> Geriatric Extended Care Facility _____ | | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Other Extended Care Facility _____ | | <input type="checkbox"/> Daycare _____ |
| <input type="checkbox"/> Correctional Facility _____ | | <input type="checkbox"/> Other Facility _____ |
| <input type="checkbox"/> General Community on Reserve <i>Name reserve(s)</i> _____ | | |
| <input type="checkbox"/> General Community <i>Name area, city, town(s), etc. involved</i> _____ | | |

Working Case Definition and Case Details:

Onset of first symptoms of first case (yyyy/mm/dd) _____ / _____ / _____ CPL Lab Code _____

- | | | |
|--|--|---------------------|
| <input type="checkbox"/> Clinical Cases Only | <div style="border: 1px solid black; padding: 5px; width: fit-content;">Please list symptoms</div> | Total # Cases _____ |
| <input type="checkbox"/> Clinical and Lab Confirmed | | |
| <input type="checkbox"/> Clinical or Lab Confirmed | | |
| <input type="checkbox"/> Lab Confirmed Only | | |
| Infectious Agent: <input type="checkbox"/> Unknown <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed _____ | | |

Current/Proposed Interventions: Please check all that apply and provide details below

- | | | |
|---|--|---|
| <input type="checkbox"/> Handwashing/Hygiene enhancement | <input type="checkbox"/> Active case finding | <input type="checkbox"/> Environmental disinfection |
| <input type="checkbox"/> Barrier procedures (e.g. gloving, etc.) | <input type="checkbox"/> Exclusion | <input type="checkbox"/> Water boil order |
| <input type="checkbox"/> Isolation/Restriction of movement | <input type="checkbox"/> Vaccination | <input type="checkbox"/> Product Recall |
| <input type="checkbox"/> Closure (e.g. institution, ward, restaurant) | <input type="checkbox"/> Prophylaxis | <input type="checkbox"/> Other _____ |

Details _____

People Notified:

- | | | |
|---|---|---|
| <input type="checkbox"/> Facility infection control nurse | <input type="checkbox"/> Cadham Lab Outbreak Liaison | <input type="checkbox"/> Environmental Testing Lab |
| <input type="checkbox"/> Regional MOH(s) | <input type="checkbox"/> Cadham Lab Infection Control | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Environmental Health (PHI/EHO) | <input type="checkbox"/> City of Winnipeg | <input type="checkbox"/> Local Health Professionals |
| <input type="checkbox"/> Office of the Chief MOH | <input type="checkbox"/> MSB | <input type="checkbox"/> Media |
| | <input type="checkbox"/> Other _____ | |

Other Details/Comments:

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INSTRUCTIONS Once the outbreak has finished, complete the **Final Report**. Fax to above number.

OUTBREAK IDENTIFICATION Month Outbreak Recognized (mm/yy) _____ / _____

Choose 1 GI only GI/Jaundice Fever/Headache STD/UTI Fever/Rash
 Syndrome: Resp. only GI/Resp. Other pls. specify _____

Unique name used for this outbreak only (From Initial Assessment): _____

NOTE: Unchecked boxes assumed negative

FINAL REPORT

yyyy / mm / dd

RHAs Involved: Check all involved

- Winnipeg South Eastman Parkland
- Brandon North Eastman NOR-MAN
- Central Marquette Burntwood
- Interlake South Westman Churchill

Jurisdiction:

- Federal
- Provincial
- Band

Date _____ / _____ / _____

CPL lab code: _____ not assigned

Final Case Definition:

- Clinical Cases Only
- Clinical or Lab Confirmed
- Clinical and Lab Confirmed
- Lab Confirmed Only

Please list symptoms necessary to case definition

Infectious Agent: Unknown Suspected Confirmed _____

Case Details:

Onset of first symptoms: (yyyy / mm / dd)

1st case _____ / _____ / _____

last case _____ / _____ / _____

Outbreak considered finished: _____ / _____ / _____

	#	Tested	Deaths	Pop'n
Total # of Cases				
Total symptomatic				
Total Lab. confirmed				
(Facility) Staff cases				
(Facility) Client cases				

One transmission mode and one source with highest index of suspicion. provide details/others below:

Transmission: Suspected Confirmed

- Indirect (e.g. contact with inanimate object, insect/animal vector, airborne)
- Transfusion/transplant/surgery
- Direct animal to person
- Sexually transmitted person to person
- Fecal/oral transmitted person to person
- Droplet spread person to person
- Other

Source: Suspected Confirmed

- Point/Common Water
- Food/Food Handler
- Animal
- Environment (e.g. soil, air conditioner)
- Biologic (e.g. blood, HGH, vaccine)
- Propagated Vaccine failure
- Unvaccinated population
- Other break in control of endemic illness

Other

Details: _____

Major Interventions: Please check all that apply and provide details below

- Closure Vaccination Water boil order Other
- Exclusion Prophylaxis Product Recall

Details: _____

Recommendations for policy/practice change(s): _____

Completed by: _____ Organization: _____