

**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.

<b>OUTBREAK IDENTIFICATION</b>		Month Outbreak Recognized (mm/yy) _____/_____/_____
<b>Choose 1</b>	<input type="checkbox"/> GI Only <input type="checkbox"/> GI/Jaundice <input type="checkbox"/> Fever/Headache <input type="checkbox"/> STI/UTI <input type="checkbox"/> Fever/Rash	
<b>Syndrome:</b>	<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)		

**INITIAL ASSESSMENT**

*NOTE: Unchecked boxes assumed negative*

Contact Person: \_\_\_\_\_ Phone/fax: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 RHA(s) involved \_\_\_\_\_ **Date** (yyyy/mm/dd) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- |   |                |   |
|---|----------------|---|
| <b>Site/Location (Check all that apply)</b>   | <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> _____ |                |   |

**Cadham Provincial Lab "Outbreak" Code** \_\_\_\_\_ **Total # Cases** \_\_\_\_\_

**Working Case Definition (Check all that apply):**

- Local working case definition included cases identified using clinical signs and symptoms
- Local working case definition used laboratory confirmed results

Onset of first symptoms of first case: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (yyyy/mm/dd)  
 Infectious Agent:  Unknown  Suspected  Confirmed (organism: \_\_\_\_\_)

**Current/Proposed Interventions (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"/> Training/Education         |

**Details:**

\_\_\_\_\_

**People Notified (Check all that apply):**

- |   |   |   |
|---|---|---|
| <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"/> Office of Drinking Water         | <input type="checkbox"/> Other _____                  |   |

**Other Details/Comments:** \_\_\_\_\_

**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 **Final Assessment**. Fax to above number.

**OUTBREAK IDENTIFICATION** Month Outbreak Recognized (mm/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Choose 1  GI Only  GI/Jaundice  Fever/Headache  STI/UTI  Fever/Rash

Syndrome:  Resp. Only  GI/Resp.  Other *pls. specify* \_\_\_\_\_

Unique name used for this outbreak only (*From Initial Assessment*): \_\_\_\_\_

**FINAL REPORT**

*NOTE: Unchecked boxes assumed negative*

**RHAs Involved (Check all that apply):** **Jurisdiction (Check one):** **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Winnipeg  South Eastman  NOR-MAN  Federal yyyy/mm/dd

Brandon  North Eastman  Burntwood  Provincial

Central  Assiniboine  Churchill  Band

Interlake  Parkland

**CPL "Outbreak" Code:** \_\_\_\_\_ **OR**  not assigned

**Working Case Definition (Check all that apply):**

- Local working case definition included cases identified using clinical signs and symptoms
- Local working case definition used laboratory confirmed results

**Infectious Agent:**  Unknown  Suspected  Confirmed (organism: \_\_\_\_\_)

Please list symptoms necessary to case definition: \_\_\_\_\_

**Case Details:**

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

1st case \_\_\_\_/\_\_\_\_/\_\_\_\_

last case \_\_\_\_/\_\_\_\_/\_\_\_\_

last day of last case \_\_\_\_/\_\_\_\_/\_\_\_\_

Outbreak finished \_\_\_\_/\_\_\_\_/\_\_\_\_

	Clinical cases	Lab confirm'd	Deaths d/t outbreak	Total pop'n in facility
# of facility client cases				clients
# of facility staff cases				staff
<b>Total # of cases in outbreak</b>				

**Transmission mode and source with highest index of suspicion (Check one in each column)**

**Transmission:**  Suspected  Confirmed **Source:**  Suspected  Confirmed

*(Check one in each column)* *(Check one in each column)*

Indirect (e.g. contact with inanimate object, Insect/animal vector, airborne)  Point/Common  Water

Transfusion/transplant/surgery  Food/Food Handler

Direct animal to person  Animal

Sexually transmitted from person to person  Environment (e.g. soil, air conditioner)

Fecal/oral transmitted person to person  Biologic (e.g. blood, HGH, vaccine)

Droplet spread person to person  Vaccine Failure

Other \_\_\_\_\_  Unvaccinated population

Other \_\_\_\_\_  Break in control of endemic illness

Other \_\_\_\_\_

**Major Interventions: (Check all that apply and provide details below)**

- Closure  Vaccination  Water boil order  Training/Education
- Exclusion  Prophylaxis  Product Recall **Details:** \_\_\_\_\_

**Recommendations for policy/practice change(s):**

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_ Organization: \_\_\_\_\_