Manitoba

INITIAL OUTBREAK SUMMARY REPORT

(All OUTBREAKS EXCEPT: ENTERIC, RESPIRATORY or VACCINE PREVENTABLE DISEASE (VPD) OUTBREAKS)

Instructions: Upon suspicion of a communicable disease outbreak that is NOT an enteric, respiratory or vaccine preventable disease outbreak, please complete the **Outbreak Identification** sections on both of these pages and the **Initial Assessment**. Please refer to "*Enteric Outbreak Report*" and "Respiratory/VPD Outbreak Report" (http://www.gov.mb.ca/health/publichealth/surveillance/forms.html) for reporting enteric, respiratory or VPD outbreaks.

OUTBREAK IDENTIFICATION:

Month outbreak recognized (MM/YYYY): _____ / _____ CPL "outbreak" code: _____ OR ❑ not assigned

Choose **one** syndrome: ❑ Fever/Rash ❑ STI/UTI
❑ Fever/Headache ❑ Other Specify: _____

Please choose a unique name to be used for this outbreak only: _____
(max 20 letters, no numbers or special characters)

INITIAL ASSESSMENT:

Contact person: _____ Phone/fax: _____ / _____

RHA(s) involved: _____ Today's date (YYYY/MM/DD): _____ / _____ / _____

Site/Location (check all that apply) *Name(s)* *Name(s)*

❑ Food handling establishment: _____ ❑ Hospital: _____
❑ Geriatric extended care facility: _____ ❑ School: _____
❑ Other extended care facility: _____ ❑ Daycare: _____
❑ Correctional facility: _____ ❑ Other facility: _____
❑ General community on reserve – *specify Reserve(s)*: _____
❑ General community – *specify area, city, town(s), etc. involved*: _____

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)

❑ Handwashing/Hygiene enhancement	❑ Active case finding	❑ Environmental disinfection
❑ Barrier procedures (e.g. gloving, etc.)	❑ Exclusion	❑ Water boil order
❑ Isolation/Restriction of movement	❑ Vaccination	❑ Product recall
❑ Closure (e.g. institution, ward, restaurant)	❑ Prophylaxis	❑ Training/Education

Details: _____

_____

People notified (check all that apply):

❑ Facility infection control nurse	❑ Cadham Lab Outbreak Liaison	❑ Environmental Testing Lab
❑ Regional MOH(s)	❑ Cadham Lab Infection Control	❑ Local Government
❑ Environmental Health (PHI/EHO)	❑ City of Winnipeg	❑ Local Health Professionals
❑ Office of the Chief MOH	❑ MSB	❑ Media
❑ Office of Drinking Water	❑ Other: _____	

Other details/comments: _____

_____

EMAIL COMPLETED REPORT TO: OUTBREAK@GOV.MB.CA OR FAX TO: (204) 948-3044

FINAL OUTBREAK SUMMARY REPORT

(All OUTBREAKS EXCEPT: ENTERIC, RESPIRATORY or VACCINE PREVENTABLE DISEASE (VPD) OUTBREAKS)

Instructions: Upon suspicion of a communicable disease outbreak that is NOT an enteric, respiratory or vaccine preventable disease outbreak, please complete the **Outbreak Identification** sections on both of these pages and the **Final Report**. Please refer to "*Enteric Outbreak Report*" and "Respiratory/VPD Outbreak Report" (http://www.gov.mb.ca/health/publichealth/surveillance/forms.html) for reporting enteric, respiratory or VPD outbreaks.

OUTBREAK IDENTIFICATION:

Month outbreak recognized (MM/YYYY): _____ / _____ CPL "outbreak" code: _____ OR ❑ not assigned

Choose **one** syndrome: ❑ Fever/Rash ❑ STI/UTI
❑ Fever/Headache ❑ Other Specify: _____

Please choose a unique name to be used for this outbreak only: _____
(max 20 letters, no numbers or special characters)

FINAL REPORT:

Today's date (YYYY/MM/DD): _____ / _____ / _____

RHA(s) involved (check all that apply)
❑ Winnipeg ❑ Southern ❑ Interlake-Eastern
❑ Northern ❑ Prairie Mountain

Jurisdiction (check one):
❑ Federal ❑ Provincial ❑ Band

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):
First case: _____ / _____ / _____
Last case: _____ / _____ / _____
Outbreak finished: _____ / _____ / _____

Case Numbers:	#	# Tested	# Deaths due to outbreak	Total population
Total cases				
Symptomatic but NOT lab confirmed				
Lab confirmed				
Staff cases				
Client cases				

Transmission mode and source with highest index of suspicion (check one in each column):

Transmission: ❑ Suspected ❑ Confirmed
*(check **one** in **each** column)*
❑ Indirect (e.g. contact with inanimate object, insect/animal vector, airborne)
❑ Transfusion/transplant/surgery
❑ Direct animal to person
❑ Sexually transmitted from person to person
❑ Fecal/oral transmitted person to person
❑ Droplet spread person to person
❑ Other: _____

Source: ❑ Suspected ❑ Confirmed
*(check **one** in **each** column)*
❑ Point/Common:
- ❑ Water
- ❑ Food/food handler
- ❑ Animal
- ❑ Environment (e.g. soil, air conditioner)
- ❑ Biologic (e.g. blood, HGH, vaccine)

❑ Propagated:
- ❑ Break in control of endemic illness

❑ Other: _____

Major interventions (check all that apply and provide details below):
❑ Closure ❑ Exclusion ❑ Prophylaxis ❑ Water boil order ❑ Product recall ❑ Training/education
Details: _____

Recommendations for policy/practice change(s): _____

_____

Completed by: _____ Organization: _____

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