



Final Report Summary for Respiratory Outbreaks

Facility/Institution Name: _____

Date: _____

Outbreak Number: _____

Please assist RCDHU with reporting the following information related to your facility outbreak. This form must be submitted to RCDHU within 48 hrs of the outbreak being declared over.

SECTION 1

Complete this section for all outbreaks, regardless of the pathogen:

	Resident/Patient	Staff
Total # at risk in the affected area		
Total # in the facility / at event		
Cases		
# Cases admitted to hospital <i>(Note: not applicable to acute care facilities)</i>		
# Cases with pneumonia [CXR+]		
# Deaths among cases		

SECTION 2

In addition, complete this section for RSV, COVID19, and Influenza outbreaks for the vaccine related to the outbreak's pathogen.

	Resident/Patient	Staff
Total # in institution – immunized prior to outbreak		
Total # in affected area – immunized prior to outbreak		