



VACCINE PREVENTABLE AND RESPIRATORY INFECTIONS OUTBREAK SUMMARY REPORT

Note: This form should only be used if the reporter is **not** a registered user of the Canadian Network for Public Health Intelligence (CNPHI) Outbreak Summaries application. All registered users should submit summaries of respiratory and vaccine preventable disease outbreaks using the web-based application (<https://www.cnphi-rcrsp.ca>). For detailed instruction on how to complete this form, refer to attached data dictionary and guidelines.

**IF YOU ARE NOT A REGISTERED USER OF CNPHI OUTBREAK SUMMARIES,
EMAIL COMPLETED FORM TO: OUTBREAK@GOV.MB.CA OR FAX TO: (204) 948-3044**

<input type="checkbox"/> INITIAL REPORT		<input type="checkbox"/> FINAL REPORT	
Today's date: (YYYY/MM/DD): _____ / ____ / ____		Contact person:	
Contact phone:		Contact fax:	
EVENT IDENTIFICATION AND DURATION:			
Outbreak title:		CPL outbreak code:	
Date outbreak investigation started (YYYY/MM/DD): _____ / ____ / ____		Date outbreak investigation ended (YYYY/MM/DD): _____ / ____ / ____	
Earliest known case onset date (YYYY/MM/DD): _____ / ____ / ____		Onset date of most recent case (YYYY/MM/DD): _____ / ____ / ____	
CASE INFORMATION:			
Case definition: _____ _____			
# Lab confirmed case(s):	# Clinical case(s) only:	Total # hospitalized:	Total # deaths:
ADDITIONAL INSTITUTION OUTBREAK INFORMATION (IF APPLICABLE):			
STAFF		PATIENTS/RESIDENTS	
Total # previously immunized:	Total # at risk:	Total # previously immunized:	Total # at risk:
Total # cases:	Total # hospitalized:	Total # cases:	Total # hospitalized:
Total # deaths:		Total # deaths:	
ORGANISM DESCRIPTION:			
Agent or toxin confirmation (check one): <input type="checkbox"/> Lab-confirmed <input type="checkbox"/> Suspect <input type="checkbox"/> Unknown			
Etiologic agent/Organism:		Agent Characteristics (Subtype):	
Agent details: _____ _____			
EXPOSURE DETAILS			
Exposure/Transmission setting: <input type="checkbox"/> Agricultural facility <input type="checkbox"/> Hospital <input type="checkbox"/> Travel Related <input type="checkbox"/> Institutional – Residential <input type="checkbox"/> Household <input type="checkbox"/> Laboratory <input type="checkbox"/> Institutional-Non-Residential <input type="checkbox"/> Community <input type="checkbox"/> Unknown <input type="checkbox"/> Laboratory <input type="checkbox"/> More than one setting <input type="checkbox"/> Other, specify: _____			
Facility/Community name:	Province(s) of exposure:	RHA of exposure:	
LOCATION DETAILS:			
Location of cases (choose one): <input type="checkbox"/> Localized to one RHA <input type="checkbox"/> Multiple RHAs <input type="checkbox"/> >1 province/territory <input type="checkbox"/> International <input type="checkbox"/> Unknown			
Case(s) province/territory:	Specify RHA:	First Nations community: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SOURCE DETAILS:

Primary mode of transmission: Person-to-Person Environmental Animal-Human
(check **one**) Unknown Other, specify: _____

Evidence of mode of transmission (check all that apply):

Epidemiological:

- Epi link to confirmed case
- Exposure to environmental source
- Exposure to animal source

Other:

- Other (Explain in Event Description)
- No evidence obtained

Contributing factors (check all that apply):

Person-to-person:

- Poor hygiene
- Exposure to confirmed/probable cases
- Sub-optimal vaccination coverage
- Inadequate vaccination effectiveness

Environmental:

- Excessively crowded living conditions

Other:

- Other (see Event Description)

PUBLIC HEALTH INTERVENTIONS (CHECK ALL THAT APPLY):

- | | | |
|---|--|---|
| <input type="checkbox"/> Chemoprophylaxis | <input type="checkbox"/> Restriction of visitors | <input type="checkbox"/> Immunize susceptibles |
| <input type="checkbox"/> Close facility | <input type="checkbox"/> Screening | <input type="checkbox"/> Press Release |
| <input type="checkbox"/> Cohorting of staff | <input type="checkbox"/> Active or passive surveillance for contacts | <input type="checkbox"/> Treatment |
| <input type="checkbox"/> Exclude staff | <input type="checkbox"/> CNPHI – Public Health Alert issued | <input type="checkbox"/> Restriction of facility admission/transfer |
| <input type="checkbox"/> Policy change | <input type="checkbox"/> Cohorting/isolation of cases | <input type="checkbox"/> Active Surveillance for cases |
| <input type="checkbox"/> Sanitize facility | <input type="checkbox"/> Education | <input type="checkbox"/> Other-see Public Health Intervention Details |

PUBLIC HEALTH INTERVENTION DETAILS:

EVENT DESCRIPTION:

RECOMMENDATIONS FOR POLICY/PRACTICE CHANGE(S):

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DATA DICTIONARY AND GUIDELINES FOR COMPLETING THE VACCINE PREVENTABLE AND RESPIRATORY INFECTIONS OUTBREAK SUMMARY REPORT FORM

INITIAL VS. FINAL REPORT:	
INITIAL REPORT:	Upon suspicion of a communicable disease outbreak, please check off "INITIAL REPORT". Complete all sections that are known at the time the initial report is submitted.
FINAL REPORT:	Once the outbreak investigation is over, re-submit the report form and check off "FINAL REPORT". Complete all sections that are known at the time the final report is submitted. Ensure that the same outbreak title is provided so that the initial and final reports can be linked together.
Today's date:	Enter the date the outbreak summary report form was filled out.
Contact person/phone/fax:	Contact information of the person submitting the outbreak report form or to whom questions about the outbreak should be directed.
EVENT IDENTIFICATION AND DURATION:	
Outbreak title:	The name given to the outbreak investigation. Use of the facility name is not recommended in the title field. A designated field for facility appears in the <i>EXPOSURE</i> setting and <i>LOCATION DETAILS</i> section.
CPL outbreak code:	If applicable, include the outbreak code assigned to the outbreak by Cadham Provincial Laboratory. Leave blank if none assigned.
Date outbreak investigation started:	Date the public health authority or facility started the outbreak investigation.
Date outbreak investigation ended:	Date the public health authority or facility closed the outbreak investigation. This field is only applicable when submitting the final report.
Earliest known case onset date:	The date when the first case involved in the outbreak first experienced symptoms.
Onset date of most recent case:	The date when the last case involved in the outbreak first experienced symptoms.
CASE INFORMATION:	
Case definition:	Enter the final definition that was used during the outbreak investigation. The use of case definitions is very important in epidemiology in order to standardize criteria for identification of cases. All case definition(s) must include the three classical dimensions of epidemiological variables: person, place, and time.
# Lab confirmed case(s):	Number of cases for whom laboratory results are available and are positive for the pathogen/agent associated with the outbreak. Consider both primary and secondary cases.
# Clinical case(s):	Cases for whom laboratory results are not available but who have a clinical presentation which matches the clinical definition of a case. Cases can be epidemiologically linked (place, person and time) to the outbreak. Consider primary and secondary cases.
Total # hospitalized:	The number of cases admitted to hospital for ≥ 24 hours for treatment of the illness associated with the outbreak (exclude ER visits).
Total # deaths:	The number of cases for whom information was available about death resulting from illness associated with the outbreak.
ADDITIONAL INSTITUTION OUTBREAK INFORMATION (IF APPLICABLE):	
Enter this information only if outbreak occurred in an institutional setting.	
Total # previously immunized:	Total number of employees at the institution or patients/residents residing in or attending the institution immunized against the outbreak etiologic agent prior to the outbreak.
Total # at risk:	Total number of employees at the institution or patients/residents residing in or attending the institution at the time the outbreak occurred and have the potential to be exposed to the pathogen.
Total # cases:	Total number of cases who are employees at the institution or patients/residents residing in or attending the institution at the time the outbreak occurred.
Total # hospitalized:	Total number of employees at the institution or patients/residents residing in or attending the institution with stay in hospital ≥ 24 hours for treatment of the illness associated with the outbreak.
Total # deaths:	Total number of employees or patients/residents for whom information was available about death resulting from the illness associated with the outbreak.
ORGANISM DESCRIPTION:	

Agent or toxin confirmation:	The agent, pathogen, or toxin responsible for illness experienced by outbreak cases. <i>Lab confirmed:</i> The infectious agent or toxin was identified through laboratory testing in at least one case associated with the outbreak. <i>Suspected:</i> Laboratory evidence does not exist. The agent or toxin is suspected based on knowledge of the source and/or clinical presentation of cases. <i>Unknown:</i> The infectious agent or toxin is not known.
Etiologic Agent/Organism:	The disease suspected of causing the majority of illness in the outbreak. May have been identified by the laboratory, or may be suspected based on clinical presentation of cases. Enter Unknown if nothing is identified. E.g. IPD, IMD, Pertussis, ILI etc.
Agent Characteristics (Subtype):	A nomenclature for microorganisms based on a specific laboratory test. Used to further differentiate strains in order to identify whether organisms identified among cases are the same. This can include information on strain, serogroups, sub-types, phage types, etc.
Agent details:	Additional information on the agent. This can include further characterization such as genotype, etc.
EXPOSURE DETAILS:	
Exposure/Transmission setting:	The setting in which the outbreak occurred (e.g. where cases were exposed to the infectious agent) or, if not known, the setting where cases became ill.
Facility/Community name:	Further differentiation of setting type, the name of the facility, residence and group home can be added. The name of the facility will not be viewable by readers outside the province/territory. (Jurisdiction Specific Confidential Information)
Province & RHA of exposure:	Province and Regional Health Authority where exposure likely occurred.
LOCATION DETAILS:	
Location of cases:	Location refers to the residence of the case(s). <i>Localized to one RHA:</i> The residence of cases is confined to one RHA. <i>Multiple RHAs:</i> The residence of cases involves several RHAs within the same province. <i>>1 province:</i> The residence of cases involves more than one province. <i>International:</i> The residence of cases involves more than one country. <i>Unknown:</i> The residence of cases is not known.
Case(s) province/territory:	Specify the residence of the cases.
Specify RHA:	Specify the RHA(s) of residence of the cases.
First Nations community:	Specify whether cases reside in First Nations community.
SOURCE DETAILS:	
Primary mode of transmission:	Specify the primary mode of transmission; the mechanism by which the infectious agent is spread to humans. Consider the context of the outbreak.
Evidence of mode of transmission:	<i>Epidemiological:</i> 1. Background information is gathered on each case, usually using a standard case reporting form. This usually includes information about case exposures (e.g. what food did they consume, where did they go). 2. A study where groups of people who have become ill and those who haven't are identified. Questions about the risk factor responsible (e.g. food consumed) are asked of both groups to determine how frequent it was reported for each. 3. A study involving a group of people all associated with an outbreak setting, whether or not they are cases (e.g. all attendees of a church supper). Information on if they became ill and what they were exposed to is assessed. <i>Other:</i> Other evidence to support the mode of transmission.
Contributing factors:	<i>Person to Person:</i> 1. Person responsible for the transmission of the organism did not practice proper hygiene. 2. Case was exposed to another confirmed/probable case. 3. Vaccine coverage rate not adequate to prevent disease spread. 4. Vaccine failure. <i>Environmental:</i> Facility residents live in crowded accommodations. <i>Other:</i> Other evidence to support the contributing factors.

PUBLIC HEALTH INTERVENTIONS:	
Active or passive surveillance for contacts	Active or passive surveillance of contacts for symptoms of illness.
Active surveillance for cases	Active searching of cases within a population.
CNPHI- Public Health Alert issued	Use of the Public Health Alerts application within CNPHI to notify other public health jurisdictions of the outbreak.
Chemoprophylaxis	The use of pharmaceuticals (e.g. antibiotics, antiviral drugs, immunoglobulins) to prevent disease in exposed, susceptible individuals.
Close facility	Closure of facilities (e.g. school, day care, areas of public gathering) depending upon the epidemiology of the outbreak (e.g. severity of infection, high attack rates, severe complications).
Cohorting/Isolation of cases	The physical separation of infected individuals from those uninfected for the period of communicability of a particular disease
Cohorting of staff	The practice of assigning specific personnel to care only for patients/residents known be exposed to, or infected with, the same organism.
Education	Communicates facts, ideas and skills that change knowledge, attitudes, values, beliefs, behaviours, and practices of individuals, families, systems, and/or communities.
Exclude staff	Exclude infectious or exposed staff from work.
Immunize susceptibles	Provide vaccination to individuals considered at risk for developing infection. Describe the susceptible population targeted, the vaccine used and the recommendations (NACI, P/T) used to develop vaccination strategy in Key Points.
Policy change	Policy development results in laws, rules and regulation, ordinances, and policies.
Press Release	A formal communication about the outbreak investigation and response to the media.
Restriction of facility admission / transfer	Suspension of new entries, transfers and/or elective surgeries.
Restriction of visitors	Request persons at risk of acquiring or transmitting the disease causing the outbreak not to visit the facility.
Sanitize facility	Effective cleaning, disinfection, and sterilization of patient care equipment and/or areas of the facility where disease transmission may occur.
Screening	Screening for symptoms or infection/colonisation (through laboratory testing) in selected facility staff, residents, and visitors or among travellers.
Treatment	Treatment (e.g. pharmaceutical, surgical intervention) of a clinically recognized disease or to limit its further progress.
Other –see Public Health Intervention details	Provide additional information in the 'Public Health Intervention Details' section.
Public Health Intervention Details	Open text field that additional interventions can be identified.
EVENT DESCRIPTION:	
Please include key points such as age range of cases, sex distribution, symptoms being experienced, etc.	
RECOMMENDATIONS FOR POLICY/PRACTICE CHANGE(S):	
This section will likely only be completed at the end of an outbreak investigation. Please include any recommendations or lessons learned from the outbreak investigation in this space.	