

Name of facility: ..... Onset of outbreak: ...../...../..... NOCS outbreak ID: .....  
 (Outbreak ID for influenza outbreaks only)



# Institutional Respiratory Outbreak Summary

Select pathogen .....

Public Health Unit

Completed by: ..... Sent to: [EPI@health.qld.gov.au](mailto:EPI@health.qld.gov.au) ...../...../.....

Telephone: ..... Fax: .....

## NOTIFICATION:

Date PHU informed: ...../...../..... Date initial response: ...../...../.....

Notifier: ..... Organisation: .....

Telephone: ..... Fax: ..... Email: .....

Was PHU concern with the management of the outbreak conveyed to the Australian Aged Care Quality Agency (AACQA):  Yes  No

## FACILITY DETAILS:

Name of facility: .....

Address: .....

Postcode: .....

Telephone: ..... Fax: ..... Email: .....

Type of facility:  Residential care facility  Educational facility  Boarding facility

Childcare/kindergarten/preschool  Other – *specify* .....

## OUTBREAK DETAILS:

For all respiratory outbreaks

Onset of first case: ...../...../..... Onset of last case: ...../...../.....

Date outbreak declared<sup>1</sup>: ...../...../..... Date outbreak declared over: ...../...../.....

| <i>Please record the number for each category</i> | People at risk | Lab confirmed cases | Clinical cases (not lab confirmed) | Epi-linked cases <sup>2</sup> | Total cases | Hospitalised <sup>3</sup> | Died <sup>4</sup> |
|---|----------------|---------------------|------------------------------------|-------------------------------|-------------|---------------------------|-------------------|
| Residents   |                |                     |                                    |                               |             |                           |                   |
| Staff/students/attendees                          |                |                     |                                    |                               |             |                           |                   |
| Other   |                |                     |                                    |                               |             |                           |                   |
| <b>Total</b>                                      |                |                     |                                    |                               |             |                           |                   |

Comments: .....  
 .....  
 .....  
 .....  
 .....

- Notes:
1. Date PHU declared outbreak
  2. Clinical case with a link to a lab confirmed case within the context of the outbreak
  3. Potential outbreak-associated hospitalisation
  4. Potential outbreak-associated death

Name of facility: ..... Onset of outbreak: ...../...../..... NOCS outbreak ID: .....  
(Outbreak ID for influenza outbreaks only)

**PATHOGEN** (select all that apply):

NOTE: If influenza identified, set up outbreak in NOCS and enter outbreak ID for all laboratory confirmed cases. If influenza has been subtyped, enter the subtype.

- |                                     |   |   |   |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> Influenza  | <input type="checkbox"/> A Subtype .....              | <input type="checkbox"/> A not subtyped | <input type="checkbox"/> B .....                |
| <input type="checkbox"/> Adenovirus | <input type="checkbox"/> Human metapneumovirus        | <input type="checkbox"/> Parainfluenza  | <input type="checkbox"/> Rhinovirus             |
| <input type="checkbox"/> RSV        | <input type="checkbox"/> Other - <i>specify</i> ..... |   | <input type="checkbox"/> No pathogen identified |

---

**INFLUENZA VACCINATION DETAILS** (for all outbreaks, including non-influenza outbreaks):

Does the facility maintain an up to date influenza vaccination register for staff/students/attendees?  Yes  No  Unknown

If up to date, number (not percentage) of staff/students/attendees vaccinated: .....

Does the facility maintain an up to date influenza vaccination register for residents?  Yes  No  Unknown

If up to date, number (not percentage) of residents vaccinated: .....

---

**ANTIVIRAL PROPHYLAXIS** (for influenza outbreaks):

Mass antiviral prophylaxis undertaken:  Yes  No  Unknown

If yes, please complete the remainder of the form.

---

**ANTIVIRAL PROPHYLAXIS USE:**

Number of courses sent to facility ..... Number of courses prescribed .....  Unknown

Number of prescribed courses administered .....  Unknown

Date intervention started (date oseltamivir was first supplied for outbreak control purposes) ...../...../.....

Date intervention ended (date oseltamivir was last supplied for outbreak control purposes) ...../...../.....

Number of courses supplied for residents .....

Number of courses supplied for staff/students/attendees .....

---

**ADDITIONAL OUTBREAK DETAILS:**

Did the outbreak affect a locked unit/dementia ward?  Yes  No

Which best approximates the resident living arrangements?

Mostly shared rooms  All shared rooms  Mostly single rooms  All single rooms  Unknown

With respect to the outbreak details provided for the above facility, how have you defined number of people at risk?

Whole facility  Whole building within a facility  Whole floor within a building

A wing/unit/ward  Other - *specify* .....

Support provided by PHU for antiviral prophylaxis (tick as many as applicable):

Letter for staff  Letter for GPs  Facility visit  Phone discussion with manager

PHP prescribes  PHU staff dispense  Other - *specify* .....

---

**COMMENTS:**