

# Outbreak Transfer Notification

Please be advised that \_\_\_\_\_ is being transferred from a facility

**NAME OF RESIDENT/PATIENT**

**experiencing a respiratory outbreak.** Please ensure that routine practices and appropriate additional precautions are taken upon receipt of this resident/patient.

At the time of the transfer, the resident/patient is:  A line listed case  Not a case  
 A contact/roommate of a case

Outbreak organism:  Influenza  Other: \_\_\_\_\_  Not yet identified

Resident/Patient is on antiviral medication: Yes \_\_\_ No \_\_\_ Refused \_\_\_

Taking an antiviral:  Tamiflu  Amantadine For:  Prophylaxis  Treatment

Date started: \_\_\_\_\_

Dose of medication: \_\_\_\_\_

Resident vaccination status: Influenza Yes \_\_\_ No \_\_\_  
Pneumococcal Yes \_\_\_ No \_\_\_

For further information, please contact: \_\_\_\_\_

**Name of Infection Control Designate**

at \_\_\_\_\_ at ( ) \_\_\_\_\_ - \_\_\_\_\_  
**Name of Facility** **Phone Number**