# Public Health Laboratory - Outbreak Notification Report

**Instructions:**
1. Complete the entire form.
2. Notify your local PHL by telephone during business hours (8 a.m.-5 p.m.)
   - For PHL Toronto: Call the Customer Service Centre (7:30 a.m.-7:00 p.m.)
   - Local (Toronto area): 416-235-6556; Toll Free: 1-877-604-4567
3. FAX to your local PHL. For PHL Toronto fax to the Customer Service Centre 416-235-6552.
4. For further information including Regional PHL contact information and after-hours instructions see Labstract “Outbreak Notification and Specimen Submission Procedures” at www.oahpp.ca

<table>
<thead>
<tr>
<th>Initial Notification</th>
<th>Update</th>
<th>Final (Closed)</th>
<th>Respiratory</th>
<th>Enteric</th>
<th>Food borne illness</th>
<th>other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Unit/Institution</td>
<td>Contact Person</td>
<td>Title</td>
<td>Telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Epidemiological Data

### Predominant Clinical Features

<table>
<thead>
<tr>
<th><strong>Respiratory Symptoms</strong></th>
<th><strong>Enteric Symptoms</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Fever</td>
<td>□ Nausea</td>
</tr>
<tr>
<td>□ Flu-like Symptoms</td>
<td>□ Vomiting</td>
</tr>
<tr>
<td>□ Respiratory Congestion</td>
<td>□ Abdominal Cramps</td>
</tr>
<tr>
<td>□ URT</td>
<td>□ Diarrhea</td>
</tr>
<tr>
<td>□ LRT</td>
<td>□ Watery Diarrhea</td>
</tr>
<tr>
<td>□ Sore Throat</td>
<td>□ Bloody Diarrhea</td>
</tr>
<tr>
<td>□ Cough</td>
<td>□ Dehydration</td>
</tr>
<tr>
<td>□ Headache</td>
<td>□ Headache</td>
</tr>
<tr>
<td>□ Myalgia</td>
<td>□ Other</td>
</tr>
<tr>
<td>□ Chills</td>
<td>□ Other (specify)</td>
</tr>
<tr>
<td>□ Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

### No. of Residents/persons:
- at risk/exposed:______ill:____
- hospitalized:_____ Number of Fatal Cases:____

### Incubation Period:
- Median: _____
- Range: _____

### No. of Staff:
- at risk/exposed:______ill:____
- hospitalized:_____ Number of Fatal Cases:____

### Duration of Illness:
- Median: _____
- Range: _____

### Date of Onset (Index Case) (YYYY/MM/DD):

### Travel History:

### Suspected Etiological Agents:

- Facility Type/ OB Location:
  - Camp
  - Day Care
  - School
  - Military Base
  - Correctional Facility
  - Clinic
  - Hospital
  - Psychiatric Hospital
  - Long-Term Care Home
  - Other (Specify)
  - Community/ Family Gathering (specify)
  - Food Supplier/Distributor
  - Restaurant/ Eatery
  - Other (Specify)

### Shaded area for laboratory use only

**Notification Report Received By:**
- Name: 
- Telephone: ( )
- Dept/Sec: 
- PHL: 
- Date: 
- Time: _____ am/pm
- Notes: 

**Current Versions of Public Health Laboratory Forms are available at www.oahpp.ca**