

Agency for Health Protection and Promotion

Agence de protection et de promotion de la santé

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

☐ Initial Notification ☐ Update ☐ Final (Closed	Respiratory Enteric Food borne illness other		
FROM:			
Health Unit/Institution		()	
Contact Person	Title	Telephone	
EPIDEMIOLOGICAL DATA	PREDOMINANT CLIN	PREDOMINANT CLINICAL FEATURES	
Outbreak	Respiratory symptoms	Enteric symptoms	
Coordinator: Telephone ()	— ☐ Fever	Nausea	
Health Unit	☐ Flu-like Symptoms	☐ Vomiting	
Outbreak No: (Health Unit # / YYYY / Outbreak #)	Respiratory Congestion	☐ Abdominal Cramps	
Location of Outbreak: Name of Institution/Event/Source	URT LRT	Diarrhea	
	Sore Throat	☐ Watery Diarrhea	
	Cough	☐ Bloody Diarrhea	
Address:	☐ Headache	☐ Dehydration	
	☐ Myalgia	☐ Headache	
	☐ Chills	Other (specify)	
	Other (specify)	Guilor (opcomy)	
	Guier (opeony)		
Postal Code:			
No. of Residents/persons: at risk/exposed:ill:			
hospitalized: Number of Fatal Cases:	(days/hours) Range:		
No. of Staff: at risk/exposed:ill:	Duration of Illness: Media		
hospitalized: Number of Fatal Cases:	(days/hours) Range:		
Date of Onset (Index Case) (YYYY/MM/DD):	Travel History:		
Suspected Etiological Agents:			
Facility Type/ OB Location: Camp Clinic Hospital School School Military Base Correctional Facility Retirement Home / Seni	Community/ Family Gathering (specify) Food Supplier/Distributor Restaurant/ Eatery Other (Specify) Residence		
Shaded area for laboratory use only			
Notification Report Received By:			
Dept/Sec: PHL:	Name	Time : am/pm	
Dept/Sec: PHL: Notes:	Date:(YYYY/MM/D		

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