

OUTBREAK TRANSFER NOTIFICATION

Date of Notification: _____

Please be advised that _____ is being transferred from a facility
Name of resident/patient

that is experiencing a: Respiratory outbreak Enteric outbreak

Outbreak organism: Influenza Norovirus
 Not yet identified Other _____

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

FOR RESPIRATORY OUTBREAKS:

Resident/Patient is on antiviral medication: Yes No Refused

Taking an antiviral: Tamiflu Amantadine For: Prophylaxis Treatment

Date medication started: _____

Dose of medication: _____

Vaccination status of Resident/Patient: Influenza Yes No
 Pneumococcal Yes No

For further information, please contact: _____
Name of Infection Control Designate

at _____ at () _____ - _____
Name of Facility Phone Number