

**Outbreak Transfer Notification**

Date of Notification \_\_\_\_\_

Please be advised that \_\_\_\_\_ is being transferred from a facility that is experiencing a/an:

☐ Respiratory outbreak ☐ Enteric OutbreakOutbreak organism: ☐ Influenza ☐ COVID-19 ☐ Norovirus  
☐ Not yet identified ☐ Other: \_\_\_\_\_

At the time of the transfer, the client/patient/resident is (select all apply):

☐ A line listed case  
☐ Not a case  
☐ A roommate of a case  
☐ A close contact (not roommate) of a case**ANTIVIRALS:**Influenza:Resident/Patient is on an antiviral: ☐ Yes ☐ NoIf yes: ☐ Oseltamivir (Tamiflu) ☐ Zanamivir (Relenza) ☐ OtherFor: ☐ Prophylaxis ☐ TreatmentCOVID-19:Resident/Patient is on an antiviral: ☐ Yes ☐ NoIf yes: ☐ Remdesivir (Veklury®) ☐ Nirmatrelvir and ritonavir (Paxlovid®) ☐ Other**VACCINATION STATUS:**Influenza: ☐ Vaccinated (with the current seasons vaccine, at least 2 weeks prior to the start of the outbreak)  
☐ Not Vaccinated  
☐ UnknownCOVID-19: ☐ Vaccinated and up-to-date  
(received a COVID-19 vaccination (in the last 6 months) or had recent infection (in the last 6 months))  
☐ Not vaccinated or not up-to-date with vaccination  
☐ UnknownRSV: ☐ Vaccinated ☐ Not vaccinated ☐ UnknownPneumococcal: ☐ Vaccinated ☐ Not vaccinated ☐ unknown

For further information, please contact Name of \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_