

Questionnaire: **Influenza Outbreak**

Facility name _____ Date _____

Outbreak denominator counts	1	Total at risk in the affected area:	Residents _____	Staff _____
		Total in the facility or at event:	Residents _____	Staff _____

Outbreak numerator counts *chest x-ray positive	2	Total in facility immunized prior to outbreak:	Residents _____	Staff _____
		Total in affected area immunized prior to outbreak:	Residents _____	Staff _____
		Cases:	Residents _____	Staff _____
		Cases admitted to hospital:	Residents _____	Staff _____
		Cases with pneumonia (CXR+*):	Residents _____	Staff _____
		Case deaths:	Residents _____	Staff _____

Notes

Fax completed form to confidential line 519-271-2195 or idteam@hpph.ca

Please fully complete the form before HPPH sends the Outbreak Summary letter.

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