

Outbreak Tracking Record – Completed GI Sample

Facility name: Perennial Lodge		Record relates to:				
Date reported (yyyy-Mon-dd) 2019-Dec-21		No. of staff on unit: 25		<input type="checkbox"/> Patient/Resident/Client <input type="checkbox"/> Staff		
Phone number: 403-123-9999		No. of residents/patients in unit: 30		EI Number (yyyy- EI- ###) 2019-EI-999		
Fax number: 403-123-8888		Unit name/No. East Garden				
Outbreak Response Lead Oliver Outbreak (IPC):			Phone 403-999-1234		Fax 403-999-1235	
IPC Contact Gabby Gardener (Perennial Lodge):			Phone 403-888-1234		Fax 403-888-1235	
Demographics		Case 1	Case 2	Case 3	Case 4	Case 5
Last Name:		Bellflower	Daylily			
First Name:		Bobby	Debbie			
ULI:		123456789	987654321			
Date of Birth (yyyy-Mon-dd):		1930Jan01	1930Jan02			
Room Number:		Room 315-2	Room 313			
Symptom Legend		Onset date	yyyy-Mon-dd 2019-Dec-20	yyyy-Mon-dd 2019-Dec-21	yyyy-Mon-dd	yyyy-Mon-dd
AP	Abdominal Pain	Symptom Day* 1 (onset symptoms)	Dx3, Vx2, N	Dx4, Vx2		
C	New Cough					
D	Diarrhea					
E	Exhaustion		Symptom Day 2	Dx2, Vx1	HO	
F	Fever					
DE	Deceased	Symptom Day 3	Dx1	HO		
HO	Hospitalized					
JA	Joint Aches	Symptom Day 4	NS	HO		
MA	Aches Muscle					
N	Nausea	Symptom Day 5	NS			
NS	No Symptoms					
P	Pneumonia by X-Ray	Symptom Day 6				
ST V	Sore Throat Vomiting	Symptom Day 7				
		Symptom Day 8				
		Symptom Day 9				
		CoMonents:	Removed from isolation 25-Dec-2019	Hospitalized due to dehydration		
Lab Tests	Stool Specimen Collected	yyyy- Mon-dd 2019-Dec-21	yyyy- Mon-dd 2019Dec22	yyyy- Mon-dd	yyyy-Mon-dd	yyyy-Mon-dd
	Results	Norovirus	Norovirus			
	NP Swab Collected	yyyy-Mon-dd N/A	yyyy-Mon-dd N/A	yyyy-Mon-dd	yyyy-Mon-dd	yyyy-Mon-dd
	Results	N/A	N/A			
Prophylaxis	Influenza Immunization	yyyy-Mon-dd N/A	Yyy-Mon-dd N/A	yyyy Mon-dd	yyyy-Mon-dd	yyyy-Mon-dd
	Oseltamivir	yyyy-Mon-dd N/A	yyyy-Mon-dd N/A	yyyy-Mon-dd	yyyy Mon-dd	yyyy-Mon-dd

*Represents the first day that the case became ill. During an outbreak, please fax this record daily to the Outbreak Response Lead.

General directions for populating this form

- Use separate sheets for each group of patients, staff, and units and fax daily to the Public Health Outbreak Response Lead (ORL).
- Identify each page using the outbreak (EI number) provided by the Outbreak Response Lead (ORL).
- Complete information at the top of form as outlined.
 - **Number of patients:** record the number of patients registered on the unit AND in the facility.
 - **Number of staff:** record the total number of staff who work within the facility (total at risk).
 - **Date format:** yyyy/Mon/dd.

Demographics

- Please populate the 3 main identifiers listed (name, date of birth and unique lifetime identifier (ULI)).

Symptoms

- Symptom Legend: below is a list of typical symptoms with a lettered acronym. Please document symptoms daily, beginning from the onset date for each client/resident/patient. For any symptoms not included in the legend, please use the comments area.

AP	Abdominal Pain
C	New Cough
D	Diarrhea- indicate in comments section if diarrhea is bloody.
E	Exhaustion
F	Fever
DE	Deceased - please notify Public Health by phone as soon as possible .
HO	Hospitalized - please notify Public Health by phone as soon as possible .
JA	Joint Aches (arthralgia)
MA	Muscle Aches (myalgia)
N	Nausea
NS	No Symptoms
P	Pneumonia by chest X-ray
ST	Sore Throat
V	Vomiting

Lab tests/results

- Complete sections in this area as they apply to lab testing actions undertaken with the person experiencing symptoms.
 - **Stool Specimen:** Record the date when stool specimen was collected.
 - **Stool Specimen Results:** Record the results of the stool specimen.
 - **NP Swab:** Record the date when nasopharyngeal swab taken.
 - **NP Swab Results:** Record lab results of nasopharyngeal swab.

Prophylaxis

- **Influenza Immunization:** Record the year and month of latest influenza vaccination.
- **Oseltamivir:** Record the date when Oseltamivir (Tamiflu®) treatment or prophylaxis initiated with person experiencing symptoms.