



## New Brunswick Long-Term Care Facility Respiratory Outbreak Surveillance Form



- Please read the definitions and instructions on Page 2 prior to completing this form
- Please complete the form for any respiratory outbreak occurring in your facility and submit the completed form by fax or email to your Regional Public Health office when an outbreak is first declared as well as at the end of the outbreak.
- At the start and end of the outbreak, Notify Regional Public Health as soon as possible and within 24 hours.

### TO BE COMPLETED BY REGIONAL PUBLIC HEALTH (RPH):

Date received by RPH (dd /mm/yyyy): \_\_\_\_\_ Regional Public Health Outbreak ID: \_\_\_\_\_ Health Zone : \_\_\_\_\_

### SECTION 1: Administrative Information

Nursing Home OR  Adult Residential Facility

Name of Facility: \_\_\_\_\_

Name of Floor/Unit/Ward: \_\_\_\_\_

Name of person reporting: \_\_\_\_\_

Reporting contact phone number: \_\_\_\_\_ ext \_\_\_\_\_

Title of person reporting: \_\_\_\_\_

| Total numbers  | Residents | Staff |
|--|-----------|-------|
| Total number   |           |       |
| Number immunized with seasonal influenza vaccine             |           |       |
| Number immunized with seasonal COVID-19 vaccine <sup>1</sup> |           |       |

### SECTION 2: Outbreak Details

Outbreak declared OR  Outbreak declared over

Date of onset of first ILI case (dd/mm/yyyy): \_\_\_\_\_

Date outbreak declared (dd/mm/yyyy): \_\_\_\_\_

Date outbreak declared over (dd/mm/yyyy): \_\_\_\_\_

Type of outbreak (check all that apply):

COVID-19 OR  Influenza OR  RSV

If Influenza outbreak, specify type/subtype (check all that apply):

A(H3)  A (H1N1)pdm09  A(untsubtyped)  B  Not Available

Antivirals for prophylaxis recommended by MOH: Yes No

Date antivirals recommended (dd/mm/yyyy): \_\_\_\_\_

| Total numbers                                 | Residents | Staff |
|---|-----------|-------|
| # with ILI                                    |           |       |
| # positive influenza cases                    |           |       |
| # positive COVID-19 cases                     |           |       |
| # hospitalized with influenza positive result |           |       |
| # hospitalized with COVID-19 positive result  |           |       |
| # died with influenza positive result         |           |       |
| # died with COVID-19 positive result          |           |       |

### SECTION 3: Comments

<sup>1</sup> Seasonal COVID-19 vaccine is defined as having received a COVID vaccine anytime after the start of the current respiratory season (after September 1<sup>st</sup>).



## New Brunswick Long-Term Care Facility Respiratory Surveillance Form



### Definitions and Instructions for Completing the New Brunswick Long-Term Care Facility Respiratory Surveillance Form

#### Definitions:

- **Influenza-like Illness (ILI):** Acute onset of respiratory illness with fever and cough and with one or more of the following - sore throat, arthralgia, myalgia, or prostration which is likely due to influenza. In patients 65 and older, fever may not be prominent.
- **COVID-19 outbreak in Long-Term Care Facility:** two or more positive cases of COVID-19 among residents or staff with an epidemiological link within a ten-day period.
- **Influenza outbreak in Long-Term Care Facility:** two or more positive cases of influenza among residents or staff with an epidemiological link within a seven-day period.
- **Residents:** any long term or short-term resident of a Long-Term Care Facility (LTCF).
- **Staff:** Any full time or part time staff working in the LTCF.
- **Positive case of COVID-19 or influenza:** Includes cases detected by PCR, GeneXpert or POCT.

#### Instructions:

**Year round**, the LTCF will:

1. Complete the New Brunswick Long-Term Care Facility Respiratory Surveillance Form for any respiratory outbreak that occurred in your facility. A form should be sent at the beginning of the outbreak as well as at the end of the outbreak.
2. Submit the completed form "New Brunswick Long-Term Care Facility Respiratory Surveillance Form" by fax or email to your Regional Public Health office within 24 hours when a respiratory outbreak is declared.
3. Provide Regional Public Health with the line list of the individuals with ILI.
4. In the comments section: Provide additional information on number of individuals by wing, number of individuals per wing immunized with seasonal vaccine, and other pertinent information.

**Questions:** Please contact your Regional Public Health