

OUTBREAK TRANSFER NOTIFICATION

(to be completed when an individual/resident with a suspected or confirmed case of a communicable disease is being transferred to hospital)

Date of Notification/Transfer: _____

Please be advised that _____ is being transferred from an
organization/group home location

Name of resident/patient _____

that is experiencing a:

Respiratory outbreak
(A respiratory outbreak exists when you have two or more people with similar symptoms; at least one of which must be laboratory-confirmed). For COVID-19 suspected cases laboratory confirmation is not required.

Enteric outbreak
(An enteric outbreak exists when you have two or more people with similar symptoms; initial onset within a 48-hour period).

Outbreak organism:

Influenza
 Not yet identified

Norovirus
 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 individual/resident is: A line listed case Not a case
 A contact/roommate of a case

FOR RESPIRATORY OUTBREAKS:

Individual/Resident is on antiviral medication: Yes No Refused

Taking an antiviral: Tamiflu Amantadine For: Prophylaxis Treatment

Date medication started: _____

Dose of medication: _____

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

For further information, please contact: _____
Name of Program Supervisor/Designate

at _____ at () _____ - _____
Name of Organization and Group Home Location Phone Number