

Appendix I: Initial Outbreak Report Form

**Initial RI Outbreak Form** (one form per affected unit)

Date form completed: \_\_\_\_\_ Affected Facility: \_\_\_\_\_

Affected Unit: \_\_\_\_\_

Date YCDC Notified: \_\_\_\_\_

Outbreak Lead Name and Phone Number: \_\_\_\_\_

Alternate Lead Name and Phone Number: \_\_\_\_\_

Have there been any changes to Readiness Report? YES  NO

If no, proceed to 2) below.

If yes, complete 1.):

1.)

Unit	# of residents	# of residents immunized for seasonal influenza	# of pre-printed orders (prophylaxis and treatment) for residents	# of residents with up to date immunizations for COVID-19	# of staff	# of staff immunized for seasonal influenza	# of staff with up to date immunizations for COVID-19

2) Line list for residents and staff completed? YES  NO

NP swab collected? YES  NO

• Outbreak code provided to facility by YCDC, and placed on requisition? YES  NO

• NP swab entered on line list? YES  NO

• Total number of specimens sent?

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fax to YCDC (867) 667-8349 or email [YCDCSurveillance@gov.yk.ca](mailto:YCDCSurveillance@gov.yk.ca)**