

**Fax to Environmental Microbiology at (604) 707-2607**

**Date:** \_\_\_\_\_

**It is important to complete all information requested. Incomplete forms may result in testing delay. \* See reverse for instructions**

**OUTBREAK IDENTIFICATION:** \_\_\_\_\_

Outbreak ID is specific to the event/facility/hospital ward followed by the year (e.g. Boardwalk Place 2009)

**HA & AREA:** \_\_\_\_\_

e.g. IHA, East Kootenay

CONTACT NAME: \_\_\_\_\_

EHO  MHO  ICP  Medical Microbiologist

CONTACT TELEPHONE: \_\_\_\_\_

Other, specify \_\_\_\_\_

**Results:** The person listed as the Contact will be notified of lab results by telephone. Public Health will continue to receive lab reports.

**LOCATION OF OUTBREAK**

NAME OF INSTITUTION/EVENT/SOURCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**OUTBREAK SETTING**

- Residential Care
- Hospital/Acute Care
- Child Care/Pre-School
- School/University
- Correctional
- Restaurant/Food Establishment
- Cruise Ship
- Conference/Meeting/Hotel
- Private function
- Camp
- Other: \_\_\_\_\_

**OUTBREAK SUB-SETTING**

**Residential Care:**

- Acute Care
- Extended Care
- Private Hospital
- Assisted Living
- Other: \_\_\_\_\_

**Child Care Centres (Age of Children):**

- 0 – 36 months
- 3 – 5 yrs
- Multi-Age

**OUTBREAK DESCRIPTION**

**CASE HISTORY**

ONSET DATE OF FIRST CASE: \_\_\_\_\_  
(DD/MMM/YYYY)

NUMBER OF PATIENTS/RESIDENTS ILL: \_\_\_\_\_

TOTAL NUMBER OF PATIENTS/RESIDENTS: \_\_\_\_\_

NUMBER OF STAFF ILL: \_\_\_\_\_

TOTAL NUMBER OF STAFF (APPROX.): \_\_\_\_\_

**SIGNS / SYMPTOMS**

**(MUST be completed for appropriate testing. Provide number of cases.)**

- Diarrhea ( )
  - Watery  Bloody  Persistent
- Vomiting ( )
- Abdominal cramps ( )
- Fever ( )
- Other, specify: ( )

**MODE OF TRANSMISSION**

- Food
- Water
- Person to person
- Unknown
- Other, specify: \_\_\_\_\_

SAMPLE DETAILS (IF AVAILABLE)	PATIENT NAME (LAST NAME, FIRST NAME)	PHN	DOB (DD/MMM/YYYY)	Date Sample Collected (DD/MMM/YYYY)
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			

**PHSA LABORATORIES USE ONLY**

1. Test results telephoned to: \_\_\_\_\_ Time and date of call \_\_\_\_\_ Lab Personnel Initial \_\_\_\_\_

2. Test results telephoned to: \_\_\_\_\_ Time and date of call \_\_\_\_\_ Lab Personnel Initial \_\_\_\_\_

# PHSA Laboratories

## Public Health Microbiology & Reference Laboratory

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 [www.phsa.ca/bccdcpublichealthlab](http://www.phsa.ca/bccdcpublichealthlab)

- 1) Before shipping, send this completed form to Environmental Microbiology by fax: (604) 707-2607.
- 2) Enclose completed requisition(s) with the sample(s) and ship to BCCDC. If subsequent specimens are being sent to BCCDC each sample must include a properly filled out requisition form.
- 3) Test results will be telephoned as soon as they are available to the EHO, ICP, MHO or Medical Microbiologist designated above.
- 4) For inquiries contact the GI Outbreak Coordinator Line at (604) 707-2611 from 8:30am to 4:30pm Monday to Friday.

### Completing Accompanying Documentation

One *Gastrointestinal Disease Outbreak Requisition* form must be completed for **each** sample, but only **one** *Gastrointestinal Disease Outbreak Notification Form* is required for each outbreak (max. six samples on 1st sampling). **Requisitions must include: Outbreak Identification, patient name, PHN, date of birth, contact name and telephone number, facility name and address.**

Submission of a completed *Gastrointestinal Disease Outbreak Notification Form* with the samples ensures that processing and reporting of findings reported are given highest priority.

### Outbreak Identification

**Please follow the guidelines when assigning the outbreak identification, as inadequate and inappropriate outbreak identification may result in delay or improper reporting of results!**

General Guidelines:

	<b>First Word:</b>	<b>Second Word:</b>	<b>Example:</b>
1)	FACILITY NAME	YEAR	Dove Care 2009
2)	FACILITY NAME	YEAR plus A, B, C etc.	Dove Care 2009B
3)	FACILITY NAME plus ward abbrev.	YEAR	Dove Care 3W 2009

This name should reflect where the outbreak has occurred (i.e. the name of the facility) and the year that it occurred in (e.g. 2009).

- If a facility has more than one outbreak in the same year, consecutive capital letters of the alphabet (i.e. A, B, C etc) written after the year (e.g. 2009B) should be included in the outbreak name to differentiate the outbreaks.

- If a facility has a unique and short name (e.g. Dove Care) use the full name of the facility followed by the year in which the outbreak has occurred.

- If a facility has a long name (i.e. more than 3 words) use abbreviations, such as the first letter of each word, followed by the year in which the outbreak has occurred (e.g. "Bob and Jill Baker Institute for Laughter" would be abbreviated as "BJBIL").

- If a facility has many different wards, in addition to the facility name include abbreviations (as separate words), to differentiate various regions (e.g. 3W for Third floor on the West side of the building).

### Outbreak Information

**Name:** Even though you may include the name of the facility in the outbreak name, please record the FULL name of the institution, restaurant, school, cruise ship, etc. where the outbreak occurred in the LOCATION OF OUTBREAK box.

**Address and Postal Code:** Please record the address and postal code of the outbreak setting.

**Outbreak Setting:** Please choose only one setting. If the outbreak began within a certain context (i.e. child care, restaurant, etc.) and then disseminated into the community. Please record the primary source of the outbreak (i.e. child care, restaurant, etc.)

**Outbreak Sub-setting:** Indicate the sub-setting as appropriate for Residential Care and Child Care Centres.

### Outbreak Description

Please record total number of ill clients and staff at the facility.

**Onset date of first case:** Of all cases identified in the outbreak, determine the case with the earliest onset of symptoms. Please record the date in DD/MMM/YYYY format.

### Signs & Symptoms

**Symptoms (# of cases):** Please record the number of cases (primary and secondary) who experienced each of the symptoms listed. Cases may be counted in more than one category.

### Indications for Testing

Collect samples from patients presenting with illness within 24 hours of onset of symptoms. Samples from severely ill patients and children are acceptable after 24 hours of symptom onset.

### Transportation of Samples

Assemble outbreak samples and ship in a cooler marked "Diagnostic Specimens", containing ice packs to maintain refrigeration temperature. Send by routine same day or overnight delivery or if not available, by courier.

### GI Outbreak Kits

GI outbreak samples must be collected using a designated GI Outbreak Kit provided by the BCCDC Public Health Microbiology & Reference Laboratory. Each kit includes 6 sterile vials for feces, 2 sterile vials for vomitus, 8 biohazard bags, 8 *Gastrointestinal Disease Outbreak Requisition* forms and 1 *Gastrointestinal Disease Outbreak Notification Form*.

### To Order GI Outbreak Kits:

Use a BCCDC order form or a written request on your letterhead showing your shipping address and the number of kits required, send by mail ("attn. Shipping and Receiving") to the address overleaf or fax to (604) 707-2606.