



Appendix B: Current Facility Outbreak - CONFIDENTIAL

Date Outbreak Declared (yyyy/mm/dd)	Outbreak Facility (Facility Name & Outbreak #)	Contact at Facility (Contact Name and phone number)	Location of Outbreak (Facility wide vs. confined area)	Type (Respiratory/ Enteric)	Organism	Resident Cases (Total # resident cases to date/ Total # residents at risk)	Date of onset of last resident case (yyyy/mm/dd)	Estimated date of outbreak to be declared over (yyyy/mm/dd)	Outbreak Manager (Name/ Designation & Ext.)	Date of Last Update (yyyy/mm/dd)