

## Alberta Health and Wellness Outbreak Reporting Form (AORF) Definitions

The following definitions are not intended to have legal interpretations. They provide a short explanation of terms in order to maximize consistency with data collection when completing the AORF. The entire form is to be completed by Alberta Health Services (AHS).

Please refer to the Alberta Case Definitions Manual for identifying confirmed and probable cases.  
<http://www.health.alberta.ca/professionals/case-definitions-manual.html>

### Reporting Timelines by section:

- Section 1 - Initial Summary/Contact Information within 2 days of Date Investigation Opened
- Section 2 - Update as soon as respiratory organism has been determined
- Section 3 - Final Summary within 2 days of Date Investigation Closed

### Surveillance definition for respiratory investigations of Influenza-like illness (ILI) by site (facility) where illness is occurring:

- 1. General population:** Acute onset of respiratory illness with fever and cough, and with one or more of the following: sore throat, arthralgia, myalgia or prostration which could be due to influenza virus. In children under 5 years, gastrointestinal symptoms may also be present. In patients under 5 years or 65 years and older, fever may not be prominent.
- 2. School:** Greater than 10% absenteeism on any operational day most likely due to ILI.
- 3. Acute Care Sites (e.g., hospital), Facility Living (e.g., Long-term Care), Home Living (e.g., Lodges)/Supportive Living (e.g., Assisted Living) Sites.** Two or more cases in ILI within a 7-day period including at least one laboratory confirmed case. Institutional outbreaks should be reported within 24 hours of identification.

When an outbreak is detected in Alberta, an AORF **must always** be submitted to Alberta Health and Wellness. **DO NOT** submit an AORF for out-of-province outbreaks even though there may be cases from Alberta associated with the outbreak. If these cases lead to further spread or additional outbreaks within Alberta, please submit an AORF for this new outbreak.

## Section 1 – Initial Summary/Contact Information

<b>El# - Exposure Investigation Number</b>	Unique exposure investigation number assigned by the Provincial Laboratory for Public Health (ProvLab) or by the Zone-Region to each reported outbreak.
<b>Onset Date</b>	Date symptoms first appeared in the index case(s).
<b>Date Investigation Opened</b>	Date the outbreak is identified.
<b>Date Reported to AHW</b>	Date the initial outbreak information was submitted to Alberta Health and Wellness (AHW).
<b>Zone-Region Reporting</b>	Name of Zone-Region reporting the outbreak to AHW.
<b>FNIHB Reporting</b>	Check if the outbreak is reported by First Nations and Inuit Health Branch (FNIHB).
<b>Primary Investigator</b>	Primary contact for the outbreak.
<b>Telephone Number</b>	Phone number of primary investigator.

<p><b>1. Suspected Organism</b></p>	<p>Choose organism suspected as the cause of the outbreak from list provided.  <b>Other, specify or Primary Symptoms if suspected organism unknown:</b>  Specify suspected organism if the organism/disease was not one of the options available in the drop down list <b>OR</b>  If the suspected organism is unknown, provide the primary symptoms exhibited by the index case(s).</p>
<p><b>2. Suspected Source</b></p>	<p>Choose person, place or thing suspected to be source of the outbreak (e.g., household contact, drinking water, sexual contact) from list provided. This does not refer to mode of transmission.</p>
<p><b>3. Location of Outbreak (Select one of the following options):</b></p> <p><b>Acute Care Facility:</b> Any acute care facility in the province. May be a wing of a hospital or an entire hospital facility.</p> <p><b>Child Care Facility:</b> Daycare centre, family day-home, preschool, playschool, social care facility in which care is provided for children.</p> <p><b>Community:</b> Outbreak unrelated to a specific event or location (e.g., pandemic influenza, province-wide mumps outbreak).</p> <p><b>Community Organization Function:</b> Event or function <b>open to the general public</b> where foods served have been prepared at home and/or in a non-permitted facility by volunteers (e.g., wild game dinners, fundraising suppers, bake sales).  <b>Note:</b> This box should only be selected when illness is associated with the food or beverage served at the event.</p> <p><b>Correctional Facility:</b> Facilities for incarceration (e.g., prisons, remand centre).</p> <p><b>Facility Living (e.g., Long-term Care Sites):</b> A care facility for individuals who have highly complex health needs and whose care cannot be safely provided in their own home, or in supportive living. Under the direction of a family physician, an onsite Registered Nurse supervises care with the support of Licensed Practical Nurses, Health Care Aides and other health-care providers as appropriate. 24-hour nursing care is provided by nursing staff that are able to respond to client needs.</p> <p><b>Permitted/Approved Establishment:</b> Food establishment listed on a valid food handling permit issued under Part 1 of the <i>Public Health Act Food Regulation</i> and for the purposes of disease reporting includes temporary food establishments operating as special events as defined in the <i>Food Regulation</i> and catered events.  <b>Risk Category – Low, Moderate, High – refer to <i>Food Establishment Hazard Assessment Worksheet</i></b></p> <p><b>Personal Services:</b> Includes personal service locations/delivery (e.g., tattooing, piercing, electrolysis, esthetics, foot care, massage therapy, spas, beauty salons).</p> <p><b>Private Dwelling:</b> Housing accommodations, including a private residence, a rental accommodation, a foster home (e.g., condo, apartment, cabin).</p> <p><b>Restricted Function:</b> Event or function <b>not open to the general public</b> where foods served have been prepared at home and/or in a non-permitted facility by volunteers. Attendance at these functions is generally by personal invitation only (e.g., potlucks, bake sales, family reunions).  <b>Note:</b> this box should only be selected when illness is associated with the food or beverage served at the event.</p> <p><b>School (Post Secondary):</b> College, university, etc.</p> <p><b>School (K-12):</b> Private or public educational institution.  <b>Grade:</b> If outbreak location is a school, provide the grade(s) of the ill student(s) if the entire school is not affected.</p> <p><b>Supportive Living/ Home Living Sites:</b>  <b>Supportive Living (e.g., Assisted Living):</b> Supportive living provides a home-like setting where people can maintain control over their lives while also receiving the support they need through the provision of services such as 24-hour monitoring, emergency response, security, meals, housekeeping and life enrichment activities. The buildings are specifically designed with common areas and features to allow individuals to “age in place”. Publicly-funded personal care and health services are provided to supportive living residents based on assessed unmet needs depending on client needs.  <b>Home Living (e.g., Seniors Lodge):</b> The primary housing option for persons who are able to live independently and with minimal support services. Home Living is the housing option for persons who choose to and who are able to maintain active, healthy, independent living while remaining in their family home as long as possible. Basic Home Care services may be provided by or funded through AHS and/or the individual can purchase services from another agency.</p> <p><b>Swimming Pool:</b> Pool other than a swimming pool at a private dwelling (e.g., city pool).</p> <p><b>Other:</b> Outbreak related to locations or events not identified on this list.</p>	

<b>4. Location (Facility) Name</b>	Name of the location of the outbreak or facility in which the outbreak is occurring or is suspected to have been associated with. <b>Unit:</b> The unit in the facility where the outbreak is occurring (if applicable). <b>Floor:</b> The floor in the facility on which the outbreak is occurring (if applicable). <b>Municipality:</b> Town or city in which the outbreak is occurring.
<b>5. Initial # of People ill</b>	(a) Total number of clients*/residents experiencing symptoms associated with the suspected outbreak. (b) Total number of staff experiencing symptoms associated with the suspected outbreak. (c) Sum total of (a) plus (b). *clients include: patients, students, childcare attendees, restaurant patrons, hotel guests and other individuals relevant to the outbreak.
<b>6. Population at Risk</b>	(a) Total number of clients*/residents at risk. (b) Total number of staff, if the outbreak is occurring in a public facility, who are at risk. (c) Sum total of (a) plus (b). *clients include: patients, students, childcare attendees, restaurant patrons, hotel guests and other individuals relevant to the outbreak.

## Section 2 – Update - Influenza-like Illness (ILI) Outbreaks Only

<b>7. ILI Organism Confirmed</b>	Using the drop down list provided, indicate the organism identified by laboratory report in a clinical/screening specimen. <b>Other/Multiple organisms, specify</b> Specify any other organisms or multiple organism laboratory reports confirmed by the ProvLab. <b>Note:</b> This field is required as soon as the organism(s) are identified for the purposes of weekly reporting (e.g., FluWatch).
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## Section 3 – Final Summary

<b>8. Onset Date of Last Case</b>	Date symptoms appeared in the last case reported for the outbreak.
<b>9. Date Investigation Closed</b>	Date the investigation was completed.
<b>10. Cases in more than one Zone-Region (check all that apply)</b>	Where there are cases identified from more than one Zone-Region, indicate all that apply.
<b>11. Primary Organism Identified</b>	Indicate the most likely primary causative organism identified on a laboratory report in a clinical/screening specimen. <b>Other/Multiple Organism(s) specify:</b> List all secondary organism(s) identified on a laboratory report in a clinical/screening specimen. <b>Species:</b> Enter the relevant speciation for the organism reported.
<b>12. Source</b>	The <u>most likely</u> person, place or food implicated as the source of the outbreak. If unknown, indicate "Unk". (e.g., food item, contaminated water source, animal, etc). Indicate whether the source has been confirmed or remains as a probable source.

<p><b>13. Final # ill (includes: confirmed + probable + suspect)</b></p>	<p>Report the total number of clients/residents experiencing symptoms associated with an outbreak.  <b>Note:</b> This field is different from Final # of Cases as only the first few cases are tested for disease so others who are ill do not fit the case definition for a confirmed or probable case.                  (a) Total number of ill (included clients, residents, students, patron etc).                  (b) Total number of staff.                  (c) Sum total of (a) plus (b).</p>
<p><b>14. Final # of Cases</b></p>	<p>(a) Total number of lab confirmed cases.                  (b) Total number of probable* cases.                  (c) Sum total of (a) plus (b).                  * for Norovirus and ILI outbreaks, probable cases are those with clinical symptoms compatible with a confirmed case, and who are included as part of the outbreak.</p>
<p><b>15. Final # Hospitalized</b></p>	<p>Number of hospitalized cases from the outbreak being reported. This includes both confirmed and probable cases.</p>
<p><b>16. Final # Fatal Cases</b></p>	<p>Number of fatal cases from the outbreak being reported. This includes both confirmed and probable cases.</p>
<p><b>17. Adequately Immunized* Prior to Onset</b></p>	<p>(a) Total number of clients/residents immunized with applicable vaccine prior to the onset date of the outbreak.                  (b) Total number of staff immunized prior to the onset of the outbreak.                  (c) Sum total of (a) plus (b).                  * for the purpose of AORF, adequately immunized is defined as adequate time for development of immunity between immunization date and disease onset date (i.e., 2 weeks for influenza vaccination, 2 weeks for hepatitis A vaccination)</p>
<p><b>18. # Colonized</b></p>	<p>Includes only antibiotic resistant organisms (ARO)                  (a) Total number of clients/residents who have been identified as being colonized with ARO and have no symptoms.                  (b) Total number of staff who have been identified as being colonized with ARO and have no symptoms.                  (c) Sum total of (a) plus (b).</p>
<p><b>19. Is the outbreak associated with another jurisdiction?</b></p>	<p>If the index case/exposure was identified outside of Alberta specify Province, Territory or Country.</p>
<p><b>20. Comments</b></p>	<p>Additional comments that may be relevant to the investigation of the outbreak.                  Some examples may include:</p> <ul style="list-style-type: none"> <li>• Characteristics of the cluster (e.g., non-immunizing community, recent refugees, youth camp for children with CF).</li> <li>• Environmental factors (e.g., power outage, tornado, flood).</li> <li>• Enhanced immunization or post-exposure prophylaxis program initiated.</li> </ul>
<p><b>21. Date Final Summary Submitted to AHW</b></p>	<p>Date the final summary is reported to AHW.</p>