**Ontario Avian Influenza** **Aggregate Reporting Tool**

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| **Legend** | **for interview with premises ♦ System-Mandatory ❖ Required** |

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| **Instructions** |
| * This form is intended for use by Ontario public health units, to facilitate aggregate data collection and reporting during investigations associated with highly pathogenic avian influenza (HPAI) detections in animal species other than wild birds or other wild animals. * A unique outbreak must be created for each infected poultry premises (IP), dairy farm or other implicated premises. * A unique exposure must be created for each implicated species. * An [HPAI OIT](https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/ccm/oit) must be completed for each lab-confirmed human case. |

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| **Outbreak Description** |
| **❖** Primary Health Unit:  Enter health unit Outbreak Number: Click here to enter text.  **♦** Outbreak Name: Click here to enter text.  *Note: please include the unique numeric identifier (i.e., the infected premises (IP) number for poultry, the CFIA premises ID for affected dairy farms, etc.) in the outbreak name*  Outbreak Type: **ZOONOTIC - POSITIVE ANIMAL INVESTIGATION**  **♦** Outbreak Classification: Choose an item.  **♦** Classification Date: YYYY-MM-DD  **♦** Reported Date: YYYY-MM-DD  Outbreak Comments: *(e.g., other animal species on site)*  Click here to enter text.  **♦** Confirmation based on: *(select the appropriate value in iPHIS from the options below)*   |  |  | | --- | --- | |  | Cluster of epi-linked cases with significant statistical result (e.g., 1 or more symptomatic people (with pending or no lab confirmation), min. 1+ve animal lab result) | |  | Significant statistical result (e.g., 1 or more +ve animal lab results, no known symptomatic human contacts) | |
| **Outbreak Descriptors** |
| **♦** Disease Group: RESPIRATORY/DIRECT CONTACT **♦** Disease: AVIAN INFLUENZA  Agent/Disease Confirmed Status: Choose an item. Agent type: VIRUS  **♦** Aetiologic Agent: NOVEL INFLUENZA A - HPAI **♦** Subtype: Choose an item. |

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| **Notice of Collection**  *Please consult with local privacy and legal counsel about PHU-specific Notice of Collection requirements under*  *PHIPA s. 16*. *Insert Notice of Collection, as necessary.* |

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| **Exposures** *(create a unique exposure for each implicated species or exposure type, e.g., raw milk)* |
| **♦** Exposure Level: OUTBREAK AND CASE  **♦** Exposure Type:Choose an item.  **Exposure ID:**  Click here to enter text. **♦** Exposure Name: Click here to enter text.  **♦** Health Unit Responsible: Click here to enter text.  **♦** Earliest Exposure Date / Time: Click here to enter a date.  *Note: iPHIS options for category/transmission, source and source details will vary based on exposure type selected.*  Category/Transmission: Click here to enter text.  Source: Click here to enter text.  Source Details: Click here to enter text. |
| **Exposure Address** |
| **♦** Country: Click here to enter text.  **♦** Province: Click here to enter text.  Street Number: Click here to enter text. Street Name: Click here to enter text.  Street Type: Click here to enter text. Street Direction:  Unit: Click here to enter text.  City: Click here to enter text. Municipality: Click here to enter text.  Postal Code: Click here to enter text. |
| **Setting/Travel Location Description Details** *(Select ‘other settings’ for animal-related exposure setting options)* |
| Exposure Setting: Other Settings  Exposure Setting Type: Choose an item.  Exposure Location Name: Click here to enter text.  Exposure Setting Comments: Click here to enter text. |

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| **Exposure Address** |
| **♦** Country: Click here to enter text.  **♦** Province: Click here to enter text.  Street Number: Click here to enter text. Street Name: Click here to enter text.  Street Type: Click here to enter text. Street Direction:  Unit: Click here to enter text.  City: Click here to enter text. Municipality: Click here to enter text.  Postal Code: Click here to enter text. |
| **Setting/Travel Location Description Details** *(Select ‘other settings’ for animal-related exposure setting options)* |
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| **Roles** *(select all that apply, used to provide counts of individuals by role and case/contact status)* | | |
| **Resident** |  | A person who resides on the site where the infected animal(s) live(d), and may or may not also work on site. Select this option for farm owners, family members, and workers who reside on site. |
| **Staff** |  | A person who is employed by the premises (part-time, full-time, occasional/relief), but does not live on site. |
| **Visitor** |  | A person who visits the premises (including for recreation, or as part of occupational duties – including catching crews, veterinarians, feed delivery personnel, livestock truckers, milk truck drivers, and other third party workers), who does not live on site, and is not employed by the premises (i.e., is not considered Staff). |
| **Volunteer** |  | A person who performs tasks or work on site, without pay, but does not live on site. |
| **Other** |  | A person who may have had exposure on site, but does not fit into any of the above categories. |

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| **Outbreak Denominator Counts** | | | | | |
|  | **RESIDENT** | **STAFF** | **VISITOR** | **VOLUNTEER** | **OTHER** |
| Total # at risk in the affected area  *(Count of all individuals who were in the implicated area(s) of the site/premises during the exposure period, by role)* |  |  |  |  |  |
| Total # in the facility (on-site) / at event  *(Count of all individuals who were at the site/premises during the exposure period of interest, regardless of whether they were in the implicated area(s) of the site/premises or not)* |  |  |  |  |  |

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| **Outbreak Numerator Counts** | | | | | |
| **CASES** | **RESIDENT** | **STAFF** | **VISITOR** | **VOLUNTEER** | **OTHER** |
| # of lab confirmed cases |  |  |  |  |  |
| # cases admitted to hospital |  |  |  |  |  |
| # deaths among cases |  |  |  |  |  |
| **CLOSE CONTACTS** | **RESIDENT** | **STAFF** | **VISITOR** | **VOLUNTEER** | **OTHER** |
| # of close contacts identified through outbreak/ exposure investigation |  |  |  |  |  |
| # of close contacts receiving active monitoring |  |  |  |  |  |
| # of close contacts who became symptomatic |  |  |  |  |  |
| # of close contacts that became symptomatic and were tested |  |  |  |  |  |

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| **Progress Notes** |
| **Enter notes** |

If you have any comments or feedback regarding this reporting tool, please email us at [communicable.diseasecontrol@oahpp.ca](mailto:communicable.diseasecontrol@oahpp.ca).