All unusual outbreaks are reportable by **fastest means possible (FMP)**, as defined in the Notifiable Disease Report (NDR) Manual, to Alberta Health and an Alberta Outbreak Report Form (AORF) **must** be submitted.

All routine outbreaks are reportable by submission of an Alberta Outbreak Report Form (AORF).

**AORF Report Submission Timelines:**

| Section 1 – Initial Notification | For all outbreaks send AORF within 24 hours after opening the investigation |
| Section 2 – Laboratory Confirmed Organism Identification | As soon as the causative organism has been confirmed on a laboratory report. |
| Section 3 – Final Report | Within 2 days of closing the investigation. The final report may include additional corrections or changes in Sections 1 and 2. |
| Outbreak Summary | As soon as it is available (if applicable). In complex outbreaks it is expected this may take some time however, the summary should be submitted no later than 30 days after closing the outbreak investigation. |

**Outbreaks (EI#) where an AORF will not be submitted:**

There are some instances where an EI# may be opened and it is known, or later known, that no AORF will be sent in to Alberta Health. Examples may include blood borne pathogen lookback/traceback investigation or outbreaks associated with travel to a location outside of Alberta. Notification to the Alberta Health email (cd.data@gov.ab.ca) of the following is required:

- EI#
- Suspected or confirmed (if known) organism
- The reason why the EI is not being reported on an AORF (e.g., EI is a lookback, EI is a travel-related outbreak).

**Reporting “Not an Outbreak” on Final AORF:**

When an initial AORF has been submitted and upon further investigation the outbreak is determined not to be an outbreak, a final AORF with the resolution status of “Not an Outbreak” must be submitted to Alberta Health. The reason for “Not an Outbreak” should be clearly stated in the Outbreak Summary/Comments field.

**NOTE:** If a local outbreak occurs as a result of travel-associated cases/outbreak, THEN an AORF submission to Alberta Health is required.

The following definitions are not intended to have legal interpretations. They provide a short explanation of the terms used or instructions of how to complete the form in order to maximize consistency with data collection.

Examples provided in this document are not all-inclusive. They are included to provide guidance to the person completing the form.

For the purpose of this document, any reference to ‘clients’ refers to: patients, students, childcare attendees, restaurant patrons, hotel guests and other individuals (other than site staff) relevant to the outbreak.

Please refer to disease specific case definitions in the [Alberta Public Health Notifiable Disease Management Guidelines](#) for identifying confirmed, probable and suspect cases.
Alberta Outbreak Reporting Form (AORF)
Definitions and Instructions

**Care Facility:** includes select populations who spend a significant amount of time in a common setting. (e.g., Acute Care, Facility Living (LTC), Supportive Living/Home Living, Correctional Facility, dormitory, school, childcare centre, homeless shelters, etc.).

**Non-Care Facility:** includes populations not categorized under Care Facility (e.g., community, community organization function, private dwelling, permitted/approved food establishment, personal services, restricted function, swimming pool, etc.).

### Section 1 – Initial Notification

<table>
<thead>
<tr>
<th>EI# - Exposure Investigation Number</th>
<th>The unique exposure investigation (EI) number assigned by the Provincial Laboratory for Public Health (ProvLab) or by the Zone which is specific to the outbreak being reported.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset Date</td>
<td>The date that symptoms first appeared in the index case(s).</td>
</tr>
<tr>
<td>Date Investigation Opened</td>
<td>The date that Public Health initiated the outbreak investigation.</td>
</tr>
<tr>
<td>FNIHB Location Reporting</td>
<td>The First Nations and Inuit Health Branch (FNIHB) community in the Alberta Health Services (AHS) zone where the outbreak is occurring.</td>
</tr>
<tr>
<td>Date Reported to Alberta Health</td>
<td>The date the initial outbreak information was submitted to Alberta Health.</td>
</tr>
<tr>
<td>Primary Investigator</td>
<td>Name of primary contact for the outbreak in the AHS zone or with FNIHB.</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Phone number for the primary investigator in the AHS zone or with FNIHB.</td>
</tr>
<tr>
<td>Suspected Organism</td>
<td>Indicate the most likely cause of the outbreak from appropriate drop down lists provided. If it is not possible to make a selection from the dropdown box (based on presenting symptoms) choose Other, Gastrointestinal Illness; Other, Respiratory Illness; or Other, Rash as appropriate.</td>
</tr>
<tr>
<td>Outbreak Setting:</td>
<td>Check the appropriate box to select from the following options:</td>
</tr>
<tr>
<td>Acute Care Facility</td>
<td>Any acute care facility in the province. May be confined to a unit, floor or to the entire facility.</td>
</tr>
<tr>
<td>Child Care Facility</td>
<td>Site where care is provided for children (e.g., daycare centre, family day-home, preschool, playschool). <strong>NOTE:</strong> This does not include residential care facilities for children under 18 years of age (refer to Facility Living)</td>
</tr>
<tr>
<td>Community</td>
<td>When outbreak is unrelated to a specific event or location (i.e., measles in the South zone).</td>
</tr>
</tbody>
</table>

### Outbreak Type

<table>
<thead>
<tr>
<th>Enteric</th>
<th>Care Facility (Enteric)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Enteric</td>
<td>Non-Care Facility (Enteric)</td>
</tr>
<tr>
<td>Care Facility (Respiratory)</td>
<td>Pertussis, Influenza, Pneumococcal Disease, Adenovirus</td>
</tr>
<tr>
<td>Care Facility (Rash)</td>
<td>Measles, Enterovirus, Varicella (Chickenpox)</td>
</tr>
<tr>
<td>Care Facility (Other)</td>
<td>Streptococcal Disease-Group A, Invasive (Severe); Meningococcal Disease, Invasive; <em>Clostridium difficile</em>.</td>
</tr>
<tr>
<td>Non-Care Facility (Enteric)</td>
<td><em>Escherichia coli</em>, Shigellosis, Hepatitis A, Cryptosporidiosis</td>
</tr>
<tr>
<td>Non-Care Facility (Respiratory)</td>
<td></td>
</tr>
<tr>
<td>Non-Care Facility (Rash)</td>
<td></td>
</tr>
<tr>
<td>Non-Care Facility (Other)</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Definition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Organization Function</td>
<td>An event or function, open to the general public (i.e., varicella outbreak linked to a fundraising event). &lt;br&gt;&lt;br&gt;<strong>NOTE:</strong> For enteric diseases: This box should only be selected when illness is associated with food or beverage served at the event, and where the foods/beverages have been prepared at home and/or in a non-permitted facility by volunteers (e.g., wild game dinners, fundraising suppers, bake sales).</td>
</tr>
<tr>
<td>Correctional Facility</td>
<td>Facilities for incarceration (e.g., prisons, remand centre, youth offender centre).</td>
</tr>
<tr>
<td>Long-term Care Facility (Facility Living)</td>
<td>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 healthcare providers as appropriate. 24-hour nursing care is provided by nursing staff that are able to respond to patient needs.</td>
</tr>
<tr>
<td>Permitted Food Establishment</td>
<td>A food establishment listed on a valid food handling permit issued under Part 1 of the <em>Food Regulation</em> and for the purposes of disease reporting includes temporary food establishments operating as special events and catered events. &lt;br&gt;&lt;br&gt;Risk Category: Low, Medium, High – refer to Food Establishment Hazard Assessment Worksheet</td>
</tr>
<tr>
<td>Personal Services</td>
<td>Includes services such as but not limited to tattooing, piercing, electrolysis, esthetics, foot care, massage therapy, spas and beauty salons.</td>
</tr>
<tr>
<td>Private Dwelling</td>
<td>A separate set of living quarters with a private entrance, including private dwellings used as group homes and foster homes.</td>
</tr>
<tr>
<td>Restricted Function</td>
<td>An event or function, not open to the general public (i.e., measles outbreak linked to a wedding). &lt;br&gt;&lt;br&gt;<strong>NOTE:</strong> For enteric diseases: This box should only be selected when illness is associated with food or beverage served at the event, and where the foods/beverages 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, silent auction, family reunions).</td>
</tr>
<tr>
<td>School (Post-Secondary)</td>
<td>An institution that is attended beyond high school (e.g., college, university)</td>
</tr>
<tr>
<td>School (K-12)</td>
<td>A private or public primary educational institution. &lt;br&gt;&lt;br&gt;<strong>Grade:</strong> Provide the grade(s) of the ill student(s) unless the entire school is affected.</td>
</tr>
<tr>
<td>Shelter</td>
<td>A temporary residence or place of stay (e.g., overnight or longer) which seeks to protect vulnerable populations (e.g., homeless shelters, men’s or women’s shelters, Youth Emergency Center, Family Violence Emergency Shelter)</td>
</tr>
<tr>
<td>Supportive Living/Home Living Site</td>
<td>A Supportive Living site (i.e., Assisted 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</td>
</tr>
</tbody>
</table>
Alberta Outbreak Reporting Form (AORF)
Definitions and Instructions

<table>
<thead>
<tr>
<th><strong>Swimming Pool</strong></th>
<th>A pool other than a swimming pool at a private dwelling (i.e., municipal pool).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other</strong></td>
<td>Any locations or events not identified on this list where an outbreak has occurred.</td>
</tr>
</tbody>
</table>

**Municipality**
The city(s), town(s), village(s) or summer village(s) in Alberta where cases linked to the outbreak are occurring.

**Location (Facility Name)**
Name of the facility in which the outbreak is occurring or is suspected of being associated with.

**Unit:** The unit in the facility where the outbreak is occurring, if applicable.
**Floor:** The floor in the facility on which the outbreak is occurring, if applicable.

**Address**
The street address of the Location (Facility) outbreak. If the street address is not known then use the mailing address (including postal box number if applicable).

**Other AHS Zones/FNIHB where cases have been identified**
Select all other AHS zones/FNIHB affected in the outbreak, aside from the AHS Zone reporting/FNIHB location reporting the original outbreak (i.e., this AORF).

For the following example, cases linked to an Edmonton outbreak were also reported in a FNIHB community in Calgary zone.

**Is this outbreak part of a larger national or international outbreak?**
The outbreak is part of a larger national or international outbreak investigation. If ‘Yes’, specify more details about the larger outbreak.
[e.g., the larger investigation may have occurred as a result of an outbreak that started in Alberta (i.e., XL Foods) or may have resulted in the initiation of a subsequent outbreak investigation within Alberta (i.e., National Hepatitis A Look-back, Maple Leaf food recall/Listeria outbreak of 2008)].

**Initial # of People ill**
The initial number of clients/residents/staff experiencing symptoms associated with the suspected outbreak.
(a) Initial number of clients/residents (including ill visitors who are...
outbreak cases).
(b) Initial number of staff.
(c) Sum total of (a) plus (b).

**NOTE:** these are the initial numbers when the outbreak is first reported.

### Initial Population at Risk

The initial number of clients/residents/staff at risk.
(a) Initial number of clients/residents.
(b) Initial number of staff at risk (for outbreaks occurring in a public site/facility).
(c) Sum total of (a) plus (b).

**NOTE:** these are the initial numbers when the outbreak is first reported.

### Section 2 – Laboratory Confirmed Organism Identification

#### Primary Organism Identified

**Enteric/Non-Enteric/Respiratory:** The primary causative organism identified on a laboratory report from an appropriate clinical specimen.

**If Other/Multiple Organisms, specify:** All other organism(s) identified on a laboratory report from an appropriate clinical specimen.

### Section 3 – Final Report

#### Species

This field identifies the strain differentiation, if applicable. This field includes all forms of differentiation (e.g., serotype/serogroup, sequence type, subtype, phagetype, PFGE).

#### Onset Date of Last Case

The date that symptoms appeared in the last case reported for the outbreak.

#### Date Investigation Closed

The date the investigation was completed.

#### Other AHS Zones/FNIHB where cases have been identified

All other AHS zones/FNIHB locations affected in the outbreak, aside from the AHS zone/FNIHB location reporting the original outbreak (i.e. this AORF).

**NOTE:** Continuing with the Initial Summary example, cases linked to the Edmonton outbreak were also reported in a FNIHB community in Calgary zone and then additionally in AHS South Zone. Again, do NOT check off AHS Calgary unless there were non-FNIHB cases in Calgary Zone.

#### Is this outbreak part of a larger national or international outbreak?

The outbreak is part of a larger national or international outbreak investigation. If ‘Yes’, list all locations identified, including the locations identified on the initial notification under Location (Facility Name in Section 1).

#### Is the source of the outbreak likely environmental?

Indicate Yes, No, or Unknown as appropriate. Environmental source refers to a non-person source such as a food, water, or animal source.

#### If Yes, what is the environmental source?

Complete this section only if the source of the outbreak is considered environmental. Indicate the environmental source as appropriate.

- **Animal**
  Any living thing that is not human or plant (e.g., insects, birds, fish and includes domestic pets, livestock and wild animals).

- **Drinking Water**
  Potable water intended for human consumption, including private water systems (e.g., wells, cisterns, small distribution systems) and
<table>
<thead>
<tr>
<th>Environmental source</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food (Human)</td>
<td>Any substance, including ice, intended for use in whole or in part for human consumption, but does not include a drug, medication or a regulated health related product and, for the purpose of disease reporting, does not include drinking water.</td>
</tr>
<tr>
<td>Food (Pet)</td>
<td>Any substance intended for use in whole or in part for animal consumption (e.g., feeder mice, pig ear treats).</td>
</tr>
<tr>
<td>Recreational Water</td>
<td>Water that is neither drinking water nor swimming pool water (e.g., beach, lake, stream).</td>
</tr>
<tr>
<td>Swimming Pool</td>
<td>Water from a pool, wading pool, water spray park and whirlpool that has a permit issued under Section 4 of the Swimming Pool, Wading Pool and Water Spray Park Regulation.</td>
</tr>
<tr>
<td>Other specify</td>
<td>Indicate any other environmental source of infection not already listed in the check boxes.</td>
</tr>
</tbody>
</table>

**Environmental source resolution**

Check the appropriate box to indicate the status of the source, as appropriate. Indicate:

- **Confirmed**—when there is laboratory confirmation of the source.
- **Probable**—when the environmental source is suspected but not laboratory confirmed (i.e., either no specimens taken OR all source samples test negative).

**Total Population at Risk**

The total population at risk:

- (a) Total number of clients/residents at risk.
- (b) Total number of staff at risk (for outbreaks occurring in a public site/facility).
- (c) Sum total of (a) plus (b).

**Final # ill (confirmed + probable + suspect*)**

*As per Alberta Health case definition (e.g., Measles, Pertussis).

The total number of clients/residents/staff who experienced symptoms associated with an outbreak.

- (a) Total number of clients/residents ill (including ill visitors who are outbreak cases).
- (b) Total number of staff ill.
- (c) Sum total of (a) plus (b).

**# Colonized (ARO Only)**

This field is for antibiotic resistant organisms (ARO) only. If applicable, indicate:

- (a) Total number of clients/residents identified as being colonized with ARO and having no symptoms.
- (b) Total number of staff identified as being colonized with ARO and having no symptoms.
- (c) Sum total of (a) plus (b).

**Adequately Immunized* Prior to Onset**

This field is ONLY for vaccine preventable disease outbreaks that occur in Care Facilities, enter:

- (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).
### Definitions and Instructions

* for the purpose of the AORF, adequately immunized means having received an appropriate dose of a vaccine and an adequate period of time has lapsed for the individual to have developed a protective response (e.g., 2 weeks for influenza immunization, 2 weeks for hepatitis A immunization).

### Final # of Cases

The total number of lab confirmed, probable* and suspect** cases for the outbreak:

(a) Total number of laboratory confirmed cases.
(b) Total number of probable* cases.
(c) Total number of suspect** cases.
(d) Sum total of (a) plus (b) plus (c).

* For Norovirus (suspected or confirmed outbreaks) and ILI outbreaks, probable cases are those with clinical symptoms compatible with a confirmed case, and who are included as part of the outbreak.
** As per Alberta Health case definition (PH Notifiable Disease Management Guidelines – here and throughout).

### Final # Fatal Cases

The final number of cases that deceased as a result of the outbreak. This includes confirmed, probable and suspect* cases.

* As per Alberta Health case definition.

### Final # Hospitalized

The final number of cases hospitalized as a result of the outbreak. This includes confirmed, probable and suspect* cases.

* As per Alberta Health case definition.

### Outbreak Summary / Comments

Summarizes all non-ILI/non-norovirus outbreaks and any unusual* ILI or norovirus (confirmed or suspected) outbreaks including:

- A DESCRIPTION of the outbreak, including characteristics, unusual presentations, patterns or scope.
- A list of KEY COMMUNICATIONS that were initiated such as with Alberta Health, CNPHI alerts, zonal alerts to the public including media, physician notifications and teleconferences with other zones/provincial/federal.
- A SUMMARY of PUBLIC HEALTH ACTIONS taken for escalating outbreaks that are over and above routine outbreak management protocols such as large immunization campaigns, post exposure prophylaxis program, changing to accelerated schedules of immunizations (i.e., pertussis vaccine offered earlier), boil water advisory issued, education or enhanced follow-up resulted in a recall of products.
- LESSONS LEARNED: The level of detail of the summary corresponds to how unusual, unique or large the outbreak is or its level of public health significance. More information may be requested by Alberta Health depending on the outbreak.

* NOTE: Examples of unusual ILI or norovirus (confirmed or suspected) outbreaks include higher mortality/morbidity, severity of illness.

### Date Final Report Submitted to Alberta Health

The date when the final report is submitted to Alberta Health (For CDOM users: the date emailed, for FNIHB: the date faxed/emailled).