

**Notification Form Acute Respiratory
Outbreak
Care Homes**

Date of Notification	
HPT Ref: HP Zone number	

Name of Care Home	
Full address of outbreak location	
Postcode	

Name, contact details & position of key staff member
Email

Type of care home	Residential	
	Nursing	
	Dementia	

tick more than one box if applicable ☒

People affected at time of notification		Number symptomatic	Number hospitalised	Number ICU admission	Number Died	Name of hospital
Residents						
Staff						

Total No. residents in home	
Total No. staff employed by home	
Onset date of first case	
Onset date of second case	
Onset date of latest case	

Number of residents on antibiotics for a chest infection:

Date

Date home closed to new admissions & transfers (if applicable)	
Date home re-opened to new admissions & transfers	

HPT Ref: HP Zone number			Name of Care Home	
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<div> GPs of residents <i>(list)</i> </div>

Most common symptoms	Fever		<i>please tick</i> <input checked="" type="checkbox"/>
	Runny nose		
	Cough		
	Shortness of breath		
	Muscle aches		
	other (list)		

<div> Pharmacy used <i>(list)</i> </div>

<div> Layout of home/areas affected </div>

How many vaccinated for seasonal flu this year?		Number vaccinated	% of all vaccinated
	staff		
	residents		