**Outbreak/Incident Data Collection Tool**

**[To be completed by ICT on behalf of PAG/IMT]**

**Date:**

**Confirmed/Suspected Infectious Agent:**

**Hospital/Clinical Area/Care Facility:**

**Case Definition:**

**Date of Ward/Area Closure (if applicable): Date of Ward/Area Re-opening:**

**Name/ Designation of person responsible for closure:**

**Name/ Designation of person responsible for Re-opening:**

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| **Patient Data** | | | | | | | | | | | | | | | | |
| Patient Name | CHI | Room/bed Number | | Date of symptom onset | | Symptoms | | Colonisation/ Infection | | Treatment/ antibiotic | | Specimen | | Specimen Result | | Comments |
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| **Outbreak/ Incident Daily Update** | | | | | | | | | | | | | | | | |
| Date | Number of Confirmed Cases | | Number of Probable Cases | | Number of Possible Cases | | Total Number of Cases | | Number of Staff Cases | | Number of cases giving cause for concern | | Total Number of Deaths as a consequence of incident. | | HIIAT Assessment (if appropriate) | |
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| **Organisational Update** | | |
| Date |  | Comments : Include control measures, ward closure/opening, death certification and any other relevant information |
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