

Health Facility Name:	
Date (dd/mm/yyyy):	

COVID and other Viral Respiratory Illness weekly reporting - Health Centres

Please complete the table for your community for Last Week (Sunday to Saturday).							
Community ose from dropdown)		Reporting for week:					
Reporting for COVID-19							
# of hospital admissions due to COVID			ID in yo	ur	Comments		
	School absenteeism Cancelled community events Increased visits or calls to Health (Other	Centre	Yes Yes Yes Yes	No No No No			
Reporting for other viral respiratory illness (e.g. influenza or RSV)							
# of hospital admissions due to other VRI	,		r VRI in	your	Comments		
		Centre	Yes Yes Yes	No No No			
	# of hospital admissions due to COVID er viral respiratory # of hospital admissions due to covid admissions due to covid admissions due to describe the covid admissions due to describe the covid admissions due to	Community ose from dropdown) # of hospital admissions due to COVID School absenteeism Cancelled community events Increased visits or calls to Health of Other # of hospital admissions due to other VRI School absenteeism Cancelled community events Increased visits or calls to Health of Other School absenteeism Cancelled community? (Y or N or U for each other VRI) School absenteeism Cancelled community events	Community ose from dropdown) # of hospital admissions due to COVID School absenteeism Cancelled community events Increased visits or calls to Health Centre Other # of hospital admissions due to Other VRI School absenteeism Cancelled community events Increased visits or calls to Health Centre Other Oth	Community ose from dropdown) # of hospital admissions due to COVID School absenteeism Yes Cancelled community events Yes Increased visits or calls to Health Centre Yes Other Yes # of hospital admissions due to COVID School absenteeism Yes Cancelled community events Yes Increased visits or calls to Health Centre Yes Other Yes School absenteeism Yes Yes Other Yes School absenteeism Yes Yes Cancelled community events Yes Cancelled community? (Y or N or U for each) School absenteeism Yes Cancelled community events Yes Increased visits or calls to Health Centre Yes	Community ose from dropdown) # of hospital admissions due to COVID School absenteeism Cancelled community events Increased visits or calls to Health Centre Yes No Other Were any of the following seen due to COVID in your community? (Y or N or U for each) School absenteeism Cancelled community events Increased visits or calls to Health Centre Yes No Other Were any of the following seen due to other VRI in your community? (Y or N or U for each) School absenteeism Other VRI Sch		

- Use the dropdown to add the community name.
- Complete the Reporting Week date using the format <u>05-09-2021</u> to <u>11-09-2021</u> (Sunday to Saturday of the previous week).
- Add the numbers to the box below each heading
- Comments are optional, but can be added to help the RCDC and the office of the CPHO understand the burden of VRI in your Health Centre and community.
- After completing the table, save the page and email it to the RCDC for your region:

Qikiqtaaluk _RCDC@ gov.nu.ca

Kivalliq_RCDC@ gov.nu.ca

FDigout@gov.nu.ca