Respiratory Outbreak Line Listing Form

Peterborough Public Health

for staff ☐ for residents ☐ **Date Reported to HU: _____** (yyyy/mm/dd) **Onset date of first case: _____** (yyyy/mm/dd) **Outbreak #: 2255- ____ - ____**

Facility: _____ Address: _____ Facility Contact: _____ Phone #: _____ Fax #: _____

Causative Agent Isolated: _____ Public Health Investigator: _____ Phone#: (705) 743-1000 Fax #: (705)743-2897

Case Definition: _____

_____

Personal Data				Symptoms (can use Legend below and use T							Vaccine (YYYY/MM/DD)		Lab Testing		Anti-viral Tx	Pneumonia		Hospital*		Died*	Resolved	Comments
Last name, First name	Birthdate YYYY/MM/DD)	Room or Occupation	Sex	Onset YYYY/MM/DD							Flu	Pneumo	Direct/ Culture/ Paired Sera	Organism or Negative	Date Started YYYY/MM/DD	Stat us T=Y	Xray conf Y or N	Admit Date YYYY/MM/DD	Discharge Date YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD	e.g. cause of hospitalization or death

*hospitalization and/or death thought to have been caused by or related to outbreak, other case hospitalizations and case deaths should be recorded under >comments= section

Legend: **F**-Fever; **MY** = Myalgia; **C**=Cough; **ST**=Sore Throat; **ML**=Malaise; **CR**=Coryza (runny nose); **NC**=Nasal Congestion; **CC** = Chest Congestion; **H**-Headache; **CH**=Chills

Record name only once on the line listing form, and do not remove name from line list. Only those meeting established case definition to be included in line list.