Respiratory Outbreak Line Listing Form



for staff 🛛 for residents 🗖	Date Reported to HU:	Onset date of first	t case: Outbro	eak #: 2255	
		yyyy/mm/dd	yyyy/mm/dd		
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)			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.