

Respiratory Outbreak Line Listing Form



for staff for residents Date Reported to HU: _____ Onset date of first case: _____ Outbreak #: 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 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	Status 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.