

Outbreak Number: \_\_\_\_\_

Check the appropriate box:  Staff  Children

# CHILD CARE FACILITY RESPIRATORY OUTBREAK LINE LISTING

Complete a separate form for CHILDREN and STAFF CASES. **Fax daily to the Eastern Ontario Health Unit.**

Child Care Facility name: \_\_\_\_\_ Section: \_\_\_\_\_

Address: \_\_\_\_\_

Contact name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Case Identification							Symptoms (Check all that apply)														Complications		Specimens/ Diagnostics	Treatment							
							Case Definition Symptoms Considered a case if they present with two or more symptoms from this area							Other Symptoms										Vaccine Status							
Case number (sequentially)	Name					Section/Group	Age	Sex: M/F	Onset date of symptoms (m/d)	Date symptom free (m/d)	Abnormal body temperature $\leq 35.5^{\circ}\text{C}$ or $\geq 37.5^{\circ}\text{C}$	Cough dry (D)/ Productive (P)	Loss of appetite	Chills	Nasal congestion	Headache	Feeling unwell/Fatigue	Sore muscles	Runny nose (R) Sneezing (S)	Sore throat (S) Hoarseness (H)	Wheezing	Shortness of breath (S) Difficulty breathing (D)	Nausea (N) Vomiting (V)	Diarrhea	Abdominal cramps	Other, specify	Bronchitis (date m/d)	Pneumonia (date m/d)	Nasopharyngeal swab (date m/d)	Seasonal influenza vaccine	Treatment (if known)

Comments: \_\_\_\_\_

Personal information is being collected under the authority of the Health Protection and Promotion Act (HPPA). This information shall be used for the administration of public health programs. Questions regarding the collection of this information may be directed to: Program Manager, Infectious Diseases Prevention and Control, Eastern Ontario Health Unit, 1000 Pitt Street, Cornwall, Ontario, K6J 5T1, or by telephone at 613-933-1375 or at 1 800 267-7120.