

INSTITUTION RESPIRATORY OUTBREAK LINE LISTING

Complete a separate form for RESIDENTS and STAFF CASES. Fax daily to the EOHU **before** 10 a.m.

Check appropriate box: residents line listing staff line listing

Outbreak #: _____

Outbreak control measures implemented: YES NO Date implemented: (YYYY/MM/DD): _____

Facility name: _____ Unit: _____

Address: _____ Contact name: _____

Telephone: _____ Fax: _____

Case Identification						Symptoms (Check all that apply)																Complications				Specimens/Diagnostics		Prophylaxis									
						Case Definition Symptoms Considered a case if they present with two or more symptoms from this area										Other Symptoms																					
Case number (sequentially)	Name	Section / Room Number	Date of birth: YYYY/MM/DD	Sex: M / F	Onset date of symptoms: MM/DD	Date symptom free: MM/DD	Abnormal body temperature ≤ 35.5°C or ≥ 37.5°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: MM/DD	Pneumonia: MM/DD	If pneumonia, chest x-ray confirmed - Yes (Y) or No (N)	Hospitalization: MM/DD	Date of death: MM/DD	Nasopharyngeal swab: MM/DD	RAD/culture test results: MM/DD For Public Health Use Only	Influenza vaccine: MM/DD	Pneumovax vaccine: MM/DD	Other vaccines - specify: MM/DD	Antivirals date started: MM/DD	Antibiotics date started: MM/DD			

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 1 800 267-7120.