INSTITUTIONAL OUTBREAK LINE LIST

Fax completed line lists daily before 10:00 a.m. to **613-933-7930 or email at ltc@eohu.ca**

Name of Facility and address: _____

Facility phone number: _____   Unit/Floor: _____   Outbreak Number 2258 - _____ - _____

Type of Outbreak: ☐ RESPIRATORY ☐ ENTERIC | ☐ Causative agent: _____ | ☐ RESIDENT/PATIENT   ☐ STAFF   Date Outbreak Declared: 20_____ / _____ / _____

Case Identification & Information									Symptoms																			Interventions					Complications			Test	
Case # (chronologically)	Name (Surname, Name)	Date of birth	Room number RESIDENT /PT ONLY	Date of last day of work STAFF ONLY	Date of symptoms onset	Date precautions started	Date symptom free	Date precautions discontinued	Diarrhea	≥2 Episodes of diarrhea within 24-hrs (Y/N)	Vomiting	≥ 2 Episodes of vomiting within 24-hrs (Y/N)	Nausea	Abdominal pain	Headache	Fever	Chills	Muscle aches or pain (Myalgia)	New or Increased cough	Runny nose/Sneezing	Nasal congestion	Sore throat	Fatigue, lethargy or malaise	Shortness of breath	Decrease or lack of appetite	Decrease or loss of smell or taste	New or worsening chronic condition	Tachycardia (heart rate above 100bmp)	Asymptomatic	Date stool sample collected	Date swab collected	Influenza vaccine (Y/N)	RSV vaccination (Y/N)	Number COVID-19 doses (1-4) - Bivalent (Y/N)	Antivirals (Y/N) – (T/P) Tamiflu or Paxlovid	Pneumonia confirmed by chest x-ray (Y/N)	Date Emergency visit	Date hospitalization	Date deceased	RAT Result (+/-)	PCR Result (+/-)

13562-1 ICD-25e

Outbreak Reporting Line: 613-933-1375 ext 1574 (Monday to Friday from 0830 – 1630) After Hours: 1-800-267-7120

If you require this information in an alternate format, please call 1-800-267-7120 and press 0.