



RESPIRATORY Outbreak Line List - Institutional

Facility: _____

 OUTBREAK NUMBER: 2230 - _____ - _____

Case Definition: _____

Date: _____

 CHECK ONE: STAFF DATA

 RESIDENT DATA

Case Identification			Symptoms												Complications				Specimens /						Treatment			Status				
Case Number (sequentially)	Name and Location (floor, room)	Gender (M/F) Age	Onset date of first symptom (d/m)	abnormal temperature (°C)	dry cough (new)	runny nose / sneezing	nasal congestion / stuffy nose	sore throat	hoarseness / difficult swallowing	chills	myalgia	malaise	productive cough (new)	headache	poor appetite	other - please specify	bronchitis (date d/m)	pneumonia (date d/m)	hospitalization (date d/m)	death (date d/m)	Nasopharyngeal (date d/m)	result (date d/m)	x-ray conf. pneumonia (Y/N)	result date (d/m)	other - specify (date d/m)	result (date d/m)	Flu Vaccine (date d/m)	Pneumo Vaccine (date d/m)	Antibiotic (date d/m)	Staff - Date last in HCF	Date Symptoms Resolve (dd/mm)	Date Released from Isolation (dd/mm)
Comments:																																



RESPIRATORY OUTBREAK LINE LISTING FORM

CHECK ONE ONLY:

STAFF DATA

RESIDENT DATA

INSTITUTION NAME: _____

OUTBREAK NUMBER: **2230** - -

Case Identification				Symptoms												Complications				Specimens / Diagnostics						Prophylaxis / Treatment				Status							
Case Number (sequentially)	Name and Location (floor, room)	Gender (M/F)	Age	Onset date of first symptom (d/m)	abnormal temperature (°C)	dry cough (new)	runny nose / sneezing	nasal congestion / stuffy nose	sore throat	hoarseness / difficult swallowing	chills	myalgia	malaise	productive cough (new)	headache	poor appetite	other - please specify	bronchitis (date d/m)	pneumonia (date d/m)	hospitalization (date d/m)	death (date d/m)	Nasopharyngeal (date d/m)	result (date d/m)	x-ray conf. pneumonia (Y/N)	result date (d/m)	other - specify (date d/m)	result (date d/m)	Amantadine (date d/m)	Flu Vaccine (date d/m)	Pneumo Vaccine (date d/m)	Antibiotic (date d/m)	resolved (date d/m)					

Comments: _____



RESPIRATORY OUTBREAK LINE LISTING FORM

INSTITUTION NAME: _____
 OUTBREAK NUMBER: **2230** - ____ - ____

CHECK ONE ONLY:

STAFF DATA

RESIDENT DATA

Case Identification				Symptoms												Complications				Specimens / Diagnostics					Prophylaxis / Treatment				Status							
Case Number (sequentially)	Name and Location (floor, room)	Gender (M/F)	Age	Onset date of first symptom (d/m)	abnormal temperature (°C)	dry cough (new)	runny nose / sneezing	nasal congestion / stuffy nose	sore throat	hoarseness / difficult swallowing	chills	myalgia	malaise	productive cough (new)	headache	poor appetite	other - please specify	bronchitis (date d/m)	pneumonia (date d/m)	hospitalization (date d/m)	death (date d/m)	Nasopharyngeal (date d/m)	result (date d/m)	x-ray conf. pneumonia (Y/N)	result date (d/m)	other - specify (date d/m)	result (date d/m)	Amantadine (date d/m)	Flu Vaccine (date d/m)	Pneumo Vaccine (date d/m)	Antibiotic (date d/m)	resolved (date d/m)				

Comments: