

## RESPIRATORY OUTBREAK LINE LIST STAFF

Outbreak Reported Date	Control Measures Started Date	Symptom Onset Date of Index Case	OUTBREAK #
Outbreak Facility & Affected Area		Health Unit Contact Information	
		<b>Elgin St. Thomas</b> <input type="checkbox"/> Phone 519-631-9900/Fax 519-631-1682 (Mon-Fri 8:30 am – 4:30 pm) <input type="checkbox"/> Phone 519-631-9900 ext. 0 (after-hours and holidays)	
		<b>Woodstock</b> <input type="checkbox"/> Phone 519-421-9901/Fax 519-539-6206 (Mon-Fri 8:30 am – 4:30 pm) <input type="checkbox"/> Phone 519-421-9901 press '0' (after-hours and holidays)	
Investigator Name and Extension: _____			

Meets Case Definition (Y/N)	Case Demographics			Symptoms (new or unusual)										Specimens/Diagnostics				Treatment/Prophylaxis			Other		Complications/Outcome				Notes		
	Initials (first, last)	Role/Work Assignment	Last Shift Worked (y/m/d)	Symptom onset date (m/d)	Abnormal Temperature (°C)	Chills	Cough	Runny Nose/Sneezing	Hoarseness/Sore throat	Myalgia	Malaise	Headache	Other (please specify)	Nasopharyngeal (m/d)	Rapid Test, influenza (m/d)	Result PCR/Culture (m/d)	CXR-confirmed pneumonia (Y/N)	Antiviral treatment, flu (m/d)	Antiviral prophylaxis, flu (m/d)	Flu vaccine (m/d)	Works at another facility	Sick household contacts	Hospitalization admitted and discharged (m/d)	Pneumonia (m/d)	Resolved (m/d)	Returned to work (m/d)			

