

RESPIRATORY OUTBREAK LINE LIST RESIDENTS

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

Case # (sequentially)	Meets Case Definition (Y/N)	Case Demographics			Symptoms (new or unusual)							Specimens/Diagnostics					Prophylaxis Treatment					Complications/Outcome					Notes		
		Name (first, last)	Age/DOB	Unit/room #	Symptom onset date (m/d)	Fever/Abnormal Temp (°C)	Cough	Headache	Hoarseness/Sore throat	Runny Nose/Sneezing	Other (specify)	Nasopharyngeal (m/d)	Rapid Test Result, flu (m/d)	PCR/Culture Result (m/d)	CXR-confirmed pneumonia (Y/N)	Other, specify (m/d)	Antiviral treatment started, (m/d)	Antiviral prophylaxis started, (m/d)	Flu vaccine (m/d)	Pneumococcal vaccine (m/d)	Antibiotic started, date (m/d)	Hospitalization (Y/N), admit and discharge date (m/d)	Pneumonia (m/d)	Death, cause of death (m/d)	Resolved (m/d)	Out of Isolation (m/d)			

