Respiratory Outbreak Line Listing

This form is for use during institutional outbreaks or outbreak investigations.

Please **FAX** daily to **613-735-3067**
Tel: 613-735-8653 ext. 547 **After Hours Tel:** 613-735-9926

Outbreak Number: _____ Name of Facility: _____ ☐ Staff List **OR** ☐ Resident List

Date: _____ Unit/Floor: _____ Facility Contact: _____

Case Definition: _____ Phone Number: _____

Please line list each resident or staff member once only. Fax Number: _____

Case Identification				Symptoms (new onset)														Specimens/ Diagnostics				Prophylaxis/ Treatment			Outcome		
Name	Room Number	Gender (Male or Female)	Date of Birth (day/month/year)	Onset Date (day/month/year)	Abnormal Temperature (°C)	Runny Nose or Sneezing	Nasal Congestion	Sore Throat/Hoarseness	Dry Cough	Productive Cough	Swollen Glands in Neck	Tiredness (Malaise)	Muscle Aches (Myalgia)	Poor Appetite	Headache	Chills	Other (please specify)	Nasopharyngeal(day/month)	Result – Rapid (+-)	Result – PCR/NAT (+-)	Result - Culture (+-)	Flu Vaccine – Current Season - (✔ -Yes/**X**-No)	Prophylaxis (day/month)	Treatment (day/month)	Resolved(day/month)	Hospitalization (day/month)	Death (day/month)

For an electronic copy, contact Renfrew County and District Health Unit.

Adapted from Recommendations for, "The Control of Respiratory Infection Outbreaks in Long-Term Care Homes, March 2018."
Personal information on this form is collected under the authority of the Health Protection Act, S.O. 1983, C. 10 as amended and in accordance with MFIPPA and will be used for assessment, management, treatment and reporting purposes.
Questions about this collection should be addressed to the Renfrew County and District Health Unit, 7 International Dr. Pembroke, ON K8A 6W5, 613-732-3629 or 1-800-267-1097.