Renfrew County and District Health Unit
"Optimal Health for All in Renfrew County and District"

Respiratory Outbreak Line List

FAX by 11 a.m. daily to **613-735-3067**
Tel: 613-732-3629 **After Hours Tel:** 613-735-9926

Facility:	**Outbreak Number: 2257-**	**Unit/ Floor:**	**Facility Contact:**
Date: (YYYY/MM/DD)	**Outbreak Definition:**		**Contact Phone Number:**

Please line list each resident or staff member once only.

☐ Staff List **OR** ☐ Resident List

Case Identification		Symptoms														Specimen/ Diagnostics							Prophylaxis/ Treatment				Outcome		
This information is being collected under the authority of the Health Protection and Promotion Act, R.S. O. 1990, c.H.7 for the purpose of outbreak investigation, monitoring, management, and follow-up; infectious disease surveillance; public health administration and the provision of statistical data to the Ministry of Health and Long-Term Care information will be retained, used, disclosed, and disposed of in accordance with the Personal Health Information Protection Act,2004, C.3.																COVID				Influenza									
		Symptom Onset (month/day)	Abnormal temperature °C	Runny Nose/Sneezing	Nasal Congestion	Sore Throat/Hoarseness	Dry Cough	Productive Cough	Swollen Glands in Neck	Tiredness/Malaise	Muscle Aches	Poor Appetite	Headache	Chills	Other	COVID Swab (m/d)	COVID Initial Swab Result	COVID Re-Swab (m/d)	COVID Re-Swab Result	Influenza Swab (m/d)	Result Rapid	Result PCR/NAT	COVID-19 vaccine (full series= 2 doses)	Current Influenza Vaccine	Antiviral Prophylaxis (m/d)	Antiviral Treatment (m/d)	Resolved	Hospitalized	Death
Name:	**Room:**																												
	DOB:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐													☐	☐	☐
Name:	**Room:**																												
	DOB:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐													☐	☐	☐
Name:	**Room:**																												
	DOB:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐													☐	☐	☐
Name:	**Room:**																												
	DOB:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐													☐	☐	☐
Name:	**Room:**																												
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Name:	**Room:**																												
	DOB:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐													☐	☐	☐