



Respiratory Outbreak Line List - Staff

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 staff member once only.

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.		Symptom Onset (month/day)	Abnormal temperature °C	Decrease/loss of taste/smell	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	Acquisition (see legend below)	COVID			Influenza			COVID-19 vaccine (full series= 2 doses)	Current Influenza Vaccine	Antiviral Prophylaxis (m/d)	Antiviral Treatment (m/d)	Resolved	Hospitalized	CXR-Confirmed pneumonia	Death
																		COVID Swab (m/d) PCR Rapid Antigen	Initial Swab Result	Re-Swab (m/d)	Re-Swab Result PCR Rapid Antigen	Influenza Swab (m/d)	Result Rapid								
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DOB:	Role:																														
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