



Respiratory Outbreak Line List – Resident/Patient

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

Facility:	Outbreak Number: 2257-	Facility Contact:
Outbreak Declared Date: <small>(YYYY/MM/DD)</small>	Outbreak Definition:	Contact Phone Number:

Please line list each resident/patient once only. **Today's Date:** _____ Index Case/Date of First Case: _____

Case Identification		Symptoms											Specimen/Diagnostics						Status				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	Other	Acquisition (see legend below)	COVID			Influenza			COVID-19 vaccine (full series= 2 doses)	Current Influenza Vaccine	Antiviral Prophylaxis	Antiviral Treatment	Resolved	Hospitalized	CXR-Confirmed pneumonia	Death		
Name:	Room/Unit:														COVID Swab (Month/Day) (PCR or RAT)	Initial Swab Result	Re-Swab (month/day) (PCR/RAT)	Re-Swab result	Influenza Swab (month/day)	Result Rapid	Result PCR/NAT										
	DOB:																														