



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 Outbreak Was Declared: <small>(YYYY/MM/DD)</small>	Outbreak Definition:			Contact Phone Number:

Please line list each staff member once only.

Today's Date:

Index Case/Date of First Case:

Case Identification		Symptoms													Specimen/Diagnostics						Status			Outcome									
		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	Antiviral Treatment	Resolved	Hospitalized	CXR-Confirmed pneumonia	Death		
																		COVID Swab (month/day) (PCR or RAT)	Initial Swab Result	Re-Swab (month/day) (PCR or RAT)	Re-Swab Result	Influenza Swab (month/day)	Result Rapid									Result PCR/NAT	
<small>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 Protection Act, 2004, C.3.</small>																																	
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