

RESPIRATORY OUTBREAK LINE LISTING (STAFF CASES)

Outbreak Number: 2253 – _____ – _____ Date Outbreak Declared: _____ Public Health Investigator: _____ Phone: _____

Name of Facility: _____ Facility ICP Contact: _____ Phone/Ext: _____ Fax: _____

Unit/Floor: _____ Causative Agent: _____ Case Definition: _____

Case Definition				Symptoms (new onset)										Vaccine	Antivirals (influenza outbreak)		Outcomes				
Initials only (last name, first name)	Work Location: Dept./Unit/Floor	Last day Worked (y/m/d)	Works at Other Home (yes/no)	Onset Date (y/m/d)	Fever (above 37.4 C)	Cough (new or worse)	Nasal congestion or	Sore Throat or Hoarseness	Sore Muscles	Chills	Fatigue	Headache	Other (specify)	Date of influenza Vaccine (y/m/d)	Antiviral treatment (yes/no)	Antiviral prophylaxis (yes/no)	Lab Confirmed Influenza (yes/no)	Date Symptoms Resolved (m/d)	Date Returned to Work (m/d)	Hospitalization (yes/no)	Death (/m/d)

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.

Please review and fax line list daily to 905-565-6178 by 12:00 pm

RESPIRATORY OUTBREAK LINE LISTING (STAFF CASES)

Term	Definition
Outbreak Number	Number provided by Public Health that is unique to the outbreak
Date Outbreak Declared	Date outbreak is declared by Public Health
Public Health Investigator	Main contact as assigned by Public Health
Phone	Public Health contact phone number/extension
Name of Facility	Facility in outbreak
Facility ICP Contact	Infection Control Practitioner for facility and contact for outbreak
Phone	Phone number for ICP in facility
Fax	Fax number for facility in outbreak
Case Definition	Criteria of symptoms, geographic location and timeframe that identifies who is a case and goes on the line list
Causative Agent	Lab confirmed organism, if applicable
Unit/Floor	Location where outbreak has been declared
Case Definition	
Initials only	Case initials (last name, first name)
Work Location: Dept./Unit/Floor	Indicate staff work location
Last day Worked (y/m/d)	Indicate last day staff case was working in facility (year/month/day)
Works at Other Home (yes/no)	Indicate if staff case works at another facility
Symptoms (new onset)	
Onset Date (y/m/d)	Date first symptom identified (year/month/day)
Fever	Indication of fever from staff (above 37.4 degrees Celsius)
Cough (new or worse)	Indication of new or worsening cough
Nasal congestion	Indication of nasal congestion
Runny nose	Indication of runny nose
Sore throat/hoarseness	Indication of sore throat/hoarseness
Sore Muscles	Indication of sore muscles
Chills	Indication of chills
Fatigue	Indication of fatigue
Headache	Indication of headache
Other	Any other identified new symptoms
Vaccine	
Date of Influenza Vaccine (y/m/d)	Date staff received current seasonal influenza vaccine (year/month/day)
Antivirals (for influenza outbreak)	
Antiviral treatment (yes/no)	Indicate if staff received antiviral treatment
Antiviral prophylaxis (yes/no)	Indicate if staff took antiviral prophylaxis at any time during the outbreak
Outcomes	
Lab Confirmed Influenza (yes/no)	Indicate results if staff case was tested for influenza
Hospitalization (yes/no)	Indicate if staff case was hospitalized due to illness
Date Symptoms Resolved (m/d)	First day symptoms are no longer present (month/day)
Date Returned to Work (m/d)	Date staff case returned to work at outbreak facility (month/day)
Death (y/m/d)	Indicate date staff died (year/month/day)