

RESPIRATORY OUTBREAK LINE LISTING (RESIDENT/PATIENT 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
For influenza, prophylaxis start date for non-line listed residents/patients	Date non-line listed outbreak area residents/patients received antiviral prophylaxis
Unit/Floor	Location where outbreak has been declared
Symptoms (new onset)	
Onset Date (y/m/d)	Date first symptom identified (year/month/day)
Fever	Temperature 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	Indication of sore throat
Sore Muscles	Indication of sore muscles
Chills	Indication or observation of chills
Fatigue	Indication or observation of fatigue
Headache	Indication of headache
Other	Any other identified new symptom
Precautions/Isolation	
Start Date of Precautions / Isolation (m/d)	Date case has been identified as being on additional precautions (month/day)
Date symptoms resolved (m/d)	First day symptoms are no longer present (month/day)
End Date of Precautions/ Isolation (m/d)	Date where case is identified as no longer being on additional precautions
Specimens/Diagnostic	
Date NP swab collected (m/d)	Date sample was collected from case (month/day)
Result (+/-)	Put '+' if resident is positive for influenza; '-' if resident is negative for influenza
Date of X-ray Confirmed pneumonia (m/d)	Date pneumonia was identified through means of an x-ray (month/day)
Vaccine	
Date of Influenza Vaccine (y/m/d)	Date resident/patient received current seasonal influenza vaccine (year/month/day)
Antivirals (only fill this part out if it is an influenza outbreak)	
Start date of antiviral treatment (m/d)	Date resident/patient received first treatment dose of antivirals (month/day)
End date of antiviral treatment (m/d)	Last day resident/patient received treatment dose of antivirals (month/day)
Start date of post-treatment prophylaxis (m/d)	Date non-lab confirmed resident/patient case received prophylaxis dose of antivirals (month/day)
Outcomes	
Date of Hospital Admission (m/d)	Date case was admitted to hospital (month/day)
Date of Hospital Discharge (m/d)	Date case was released from hospital (month/day)
Death (y/m/d)	Date case died (year/month/day)