RESPIRATORY OUTBREAK LINE LISTING - RESIDENT/PATIENT DATA

FOR (Y/M/D) _____

York Region

Institution Name: _____

Outbreak Number: _____

Floor / Wing: _____

Case Definition: _____

Public Health Investigator: _____

Organism Detected: _____

Case Identification				Symptoms										Diagnosis				Vaccine		Medication		Hospitalization				Death		Recovery
														Nasopharyngeal swab			CXR											
Consecutive Numbering	☐ Clients listed below have been advised of the purposes for which information is collected and will be used and disclosed pursuant to confidentiality policy. Last Name, First Name	Room	Age	Onset date of first symptom (Y/M/D)	Fever - Record °C	Chills	Runny nose/sneezing/nasal congestion/stuffy nose	Sore throat/ hoarseness/ difficult swallowing	Dry cough (new)	Productive cough (new)	Myalgia - muscle aches	Other - please specify		Date collected (Y/M/D)	Rapid test result (+/-)	Culture Result (+/-)	Date taken (Y/M/D)	Flu vaccine (Y/M/D)	Pneumo vaccine (Y/M/D)	Anti-viral Prophylaxis (Y/M/D)	Anti-viral Treatment (Y/M/D)	Name of hospital	Date admitted (Y/M/D)	Date discharged (Y/M/D)	Diagnosis	Date of death (Y/M/D)	Cause of death	Date of last symptom (Y/M/D - Record 48 hrs later)

Comments

York Region Community and Health Services, Infectious Diseases Control: Fax 905-898-5213; Telephone 1-877-464-9675, Ext. 3500

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.

Appendix D