

RESPIRATORY OUTBREAK LINE LISTING - RESIDENT/PATIENT DATA



Institution Name: _____ Floor /Wing: _____

Public Health Investigator: _____

Outbreak Number: 2270-20 _____ Case definition _____

Date OB declared: _____ Facility contact & Ext: _____

Case Identification			Symptoms										Diagnosis				Medication			Hospitalization			Death			Recovery													
<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 Information Protection Act, 2004, C.3. If you have any questions, please contact the Manager for the Control of Infectious Diseases and Outbreak Management at ext. 73500.</small>			Onset date of first symptom (Y/M/D)	Fever - Record	Chills	Runny nose &/or sneezing	Nasal congestion	Sore throat / hoarseness / difficulty swallowing	Dry cough	Productive cough	Myalgia	Other- specify	NP Swab		CXR		Anti-viral Prophylaxis	Antibiotic	Anti-viral Treatment	Name of hospital	Date admitted	Date discharged	Diagnosis	Date of death	Cause of death	Coroner's Name	Date of last symptom (Record 48 hrs later)												
													Date collected	Results	Date taken	Results																							
Meets/Does Not Meet	Name	Room	DOB																																				
			<input type="checkbox"/> Male <input type="checkbox"/> Female																																				
	Underlying medical conditions																																						
HC #	Immunization																																						
	Flu date	Pneumo date																																					
Meets/Does Not Meet	Name	Room	DOB																																				
			<input type="checkbox"/> Male <input type="checkbox"/> Female																																				
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