



SIMCOE MUSKOKA DISTRICT HEALTH UNIT

TEL: 1-877-721-7520

Fax daily before 10am to CD Team at: (705) 725-8007

RESPIRATORY OUTBREAK LINE LISTING FORM

RESIDENTS/PATIENTS STAFF

Outbreak Number: 2260 - _____ - _____

Date Outbreak Declared: _____

Case Definition:

Name of Facility: _____

Phone Number: _____

Case Identification					Symptoms										Specimens / Diagnostics			Prophylaxis / Treatment				Outcome			Comments				
Case # (sequentially)	Name (LAST NAME, first name)	Floor / Room Number	Date of Birth (yyyy/mm/dd)	Staff:	Onset Date of First Symptom (yyyy/mm/dd)	Abnormal Temperature (°C)	New or Worsening Cough	Shortness of Breath	Pneumonia	Runny Nose / Sneezing	Nasal Congestion / Stuffy Nose	Hoarseness / Sore Throat	Myalgia (Muscle/Body Aches)	Malaise/Fatigue	Chills	Headache	Decreased appetite	Other - Please Specify	NP Swab Collection Date (yyyy/mm/dd)	Specimen Results (Pos / Neg)	If Pneumonia, Chest X-Ray Confirmed	Influenza Vaccine	Antiviral Prophylaxis	Antiviral Treatment		Antibiotic	Hospitalized (yyyy/mm/dd)	Death (yyyy/mm/dd)	Date Droplet/Contact Precautions Discontinued (yyyy/mm/dd)
				Position																					Last Day Worked (yyyy/mm/dd)				
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This information is collected under Section 5 of the Health Protection and Promotion Act, R.S.O. 1990, c. H. 7. The personal health information collected in this form will be used only for outbreak management and to provide statistical data to the Ontario Ministry of Health and Long Term Care. Questions regarding the collection and use of personal health information should be directed to the Privacy Officer, Simcoe Muskoka District Health Unit, 15 Spering Drive, Barrie ON L4M 6K9, telephone (705) 721-7520.