



## RESPIRATORY LINE LIST RESIDENTS

Fax line lists daily by 10:00am to 226-783-2132

until outbreak declared over by WECHU

Phone: 519-258-2146 Ext 1420

After Hours: 519-973-4510

Health Trans Courier- 519-791-0515

<b>Name of Facility:</b>	<b>Outbreak # :</b> 2268 - _____ - _____	<b>Date:</b>
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<b>Affected Area:</b> Entire facility: <input type="checkbox"/> OR Specific unit/floor:	<b># of Pages:</b>
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**Suspect Outbreak Definition:** 2 cases of acute respiratory illness occurring within 48 hrs in a geographic area (e.g., unit, floor) OR more than 1 unit having a case within 48 hrs.

**Line Listing:** A resident must have 2 or more symptoms to be placed on the line list that are abnormal for that resident.

**Case Definition:** Please check all symptoms as defined by WECHU. Only place residents on the line list that have symptoms that meet the **case definition**.

Abnormal temp  Dry cough  Productive cough  Nasal congestion/sneezing  Sore throat/hoarseness  Muscles aches  Malaise  Headache

Case Identification				Symptoms (check symptoms that apply)								Treatment				Complications					
Name of Resident	Room Number	DOB (Y/M/D)	Onset Date First Symptom (Y/M/D)	Record abnormal temp only $\geq 37.5$ or $\leq 35.5$ °C	New dry cough	New productive cough	Nasal congestion/sneezing	Sore throat/ hoarseness	Muscle aches	Malaise/ fatigue	Headache	24 hours symptom free	48 hours symptom free	Influenza vaccine (Y/N)	Antiviral medication (Y/N)	Antibiotic treatment (y/n)	Pneumonia (CXR confirmed)	Hospitalization Admission (Y/M/D)	Remains in hospital Y(N)	Hospitalization discharge (Y/M/D)	Death (Y/M/D)

**Residents can only be removed from the line list when they have been asymptomatic for 48 hours or if they have deceased in the last 24 hours**

Completed By: \_\_\_\_\_  
(Print Name)

Faxed By: \_\_\_\_\_



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