HEALTH UNIT Bureau de santé de Windsor-comté d'Essex	Y LII F	NEI	.IST				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												
Name of Facility:		Outbreak # : 2268							Date:										
Affected Area: Entire Facility: D											# of Pa	ages:			<u> </u>				
Suspect Definition: 2 cases of act	ute respiratory illne	ess occurring with	nin <b>48 hrs</b> in a geo	ograp	hic ar	ea (e.	g., ur	nit, flo	oor) <b>C</b>	)R m	ore th	nan <b>1</b>	unit	having	a case	withi	n <b>48 hr</b>	s.	
Line Listing: A staff must have 2	or more symptom	ns to be placed o	on the line list. Pl	ease	be su	ire tha	at sy	mpto	ms a	re at	onorr	nal fo	or tha	at staff	fmem	ber.			
Case Definition: Please check all	symptoms as defi	ned by WECHU.	Only add staff to	o the	line l	ist if t	hey l	have	symp	otom	s tha	t me	et <b>ca</b>	se def	inition	•			
🗆 Abnormal temp 🗖 Dry cough	n 🗆 Productive co	ough 🛛 Nasal co	ongestion/sneez	ing	🗆 So	re thr	oat/	'hoar	sene	ss D	] Mu	scles	ach	es 🗆	Malai	se 🗆	Heada	ache	
Case Identification					Symptoms ( check symptoms that apply)								Treatment						
Name of Staff Member	Work Assignment Location	Onset Date First symptom (Y/M/D)	Last Day of Work (Y/M/D))	Temperature reported (Y/N)	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) (Y/N)	Employed at other facility (Y/N)	
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	Staff can only	be removed from	n the line list when	n they	have	been	asyn	npton	natic	for 4	8 hou	rs							

Completed By: \_\_\_\_\_

Faxed By:

(Print Name)

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