



RESPIRATORY LINE LIST STAFF

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:
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Affected Area: Entire Facility: <input type="checkbox"/> OR Affected area staff worked:	# of Pages:
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Suspect 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 staff must have 2 or more symptoms to be placed on the line list. Please be sure that symptoms are abnormal for that staff member.

Case Definition: Please check all symptoms as defined by WECHU. Only add staff to the line list if they have symptoms that meet 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			
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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)	

Staff can only be removed from the line list when they have been asymptomatic for 48 hours

Completed By: _____
(Print Name)

Faxed By: _____