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| **INSTITUTIONAL OUTBREAK LINE LISTING RECORD  Residents/Patients/Clients  Staff** | | | | | | | | | | | | | | | | | | | | | **Location:** | | | | | | | | | | |
| OUTBREAK NUMBER: 2247-- | | | | | Facility Contact Name: | | | | | Total Number | | | | | | | | | | | Date of Index Case:    yyyy/mm/dd | | | Date Health Unit Notified:    yyyy/mm/dd | | | | | Date Declared Over:    yyyy/mm/dd | | |
| Facility Name: | | | | | Tel:  Email:  Fax: | | | | | # Staff: | | | | # Residents/Patients/Clients: | | | | | | |  | | |  | | | | |  | | |
| Unit/  Room #/ Occupation | Name  (Last name, First name)  *Print name out in full*  M/F/  Other | | | Gender  Sex | For Residents, Enter Date of Birth  yyyy/mm/dd  For Staff, Enter Last Day Worked yyyy/mm/dd | Symptom Onset  Date & Time  yyyy/mm/dd | | | Specimen  yyyy/mm/dd Result | Vaccination (Optional) | | | Treatment (Optional) | | Daily Progress  Month:       Year: | | | | | | | | | | | | | | | | |
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| General **enteric** case definition: 2 or more episodes of vomiting and/or diarrhea in 24 hours. | | | | | | | | General **respiratory** case definition: 2 or more new symptoms of respiratory illness or positive laboratory result. | | | | | | | | | | | Comments: | | | | | | | | | | | | |
| **Check all that apply.** | | | | | | | | **Check all that apply.** | | | | | | | | | | |  | | | | | | | | | | | | |
| **D** =Diarrhea | |  | **F** = Fever/AbnormalTemperature | | | |  | **Dc** = Dry Cough | | |  | **H** = Headache | | | | |  | |  | | | | | | | | | | | | |
| **V** = Vomiting | |  | **SF** = Symptom Free | | | |  | **Pc** = Productive Cough | | |  | **F** = Fever/Abnormal Temperature | | | | |  | |  | | | | | | | | | | | | |
| **N** = Nausea | |  | **RC** =Recovered | | | |  | **ST** = Sore throat/hoarseness | | |  | **Pne** = Pneumonia [CXR+] | | | | |  | |  | | | | | | | | | | | | |
| **C** = Abdominal Cramps | |  | **Hos** = Hospitalization | | | |  | **Nd** = Nasal Discharge/Congestion | | |  | **SF** = Symptom Free | | | | |  | |  | | | | | | | | | | | | |
| **H** = Headache | |  | **Dec** = Deceased | | | |  | **T** = Tiredness | | |  | **RC** =Recovered | | | | |  | |  | | | | | | | | | | | | |
| **T** = Tiredness | |  |  | | | |  | **M** = Muscle Aches | | |  | **Hos** = Hospitalization  \*Please indicate if hospitalization is due to outbreak related illness. | | | | |  | |  | | | | | | | | | | | | |
|  | |  |  | | | |  | **Dec** = Deceased | | |  |  | | | | |  | |  | | | | | | | | | | | | |
|  | |  |  | | | |  | **LS** = Abnormal lung sounds (crackles, rales, wheezes) | | | | | | | | |  | |  | | | | | | | | | | | | |
| **Complete and fax DAILY by 11:00am to 705-482-0670.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |