

North Zone Acute Care Facilities Outbreak Line List

Date: _____

DAILY updates with newly symptomatic individuals. (See Instructions at bottom and on second page)
Fax to: 1-855-532-4373, unless instructed to fax to alternate fax number: _____

Facility Name:	Unit/Ward:	Community:	Illness:
	Contact Person:	Telephone:	EI #, if applicable:

Last Name	First Name	DOB (YYYY-MMM-DD) <small>AND</small> PHN/ULI	Room number	Onset of Disease (MMM-DD)	Symptoms Codes (see below) <small>(if cough please indicate dry, productive, etc)</small>	Specimen Sent (MMM-DD)	Status Code (see below)	Newly ill or status change <small>(circle one)</small>	*Immunized <small>(for ILI with current season's immunization)</small> Y/N <small>(to be completed by Public Health)</small>	Treatment (T) Prophylaxis (P) Date started <small>(to be completed by Public Health)</small>
								New Change		T: P:
								New Change		T: P:
								New Change		T: P:
								New Change		T: P:
								New Change		T: P:
								New Change		T: P:

Patients Transferred or Deceased (Include from previous line lists) Name	Deceased (D) Transferred (T)	Date (MMM-DD)	Location of Transfer	Cause of Death (if known)

Total # of Patients Currently Symptomatic	Total # of Staff Currently Symptomatic
--------------------------------------------------	-----------------------------------------------

Symptoms Codes: V=Vomiting D=Diarrhea N=Nausea A=Abdominal Pain C=Cough F=Fever H=Headache M=Muscle/Joint Pain O=Other

Status Codes: 1 = Patient 2 = Staff/Physicians/Volunteers

***Total # patients immunized _____ Total # staff immunized _____ (For ILI immunization must be 2 weeks prior to symptom onset in first patient)**

 The collection of the above individually identifying health/personal information is authorized under the *Health Information Act* and/or the *Freedom of Information & Protection of Privacy Act*.

The purpose of the collection is to allow Alberta Health Services – North Zone to follow up and investigate when appropriate.

Acute Care Facilities Outbreak Line List

Tips for Completing the Outbreak Line List

- **Report all outbreaks to NZ CDC Intake.** During regular office hours, call 1-855-513-7530. Evenings/weekends/stat holidays, call 1-800-732-8981 and ask for Public Health on Call.
- **First Outbreak Line List submitted for an outbreak:**
 - Include all patients and staff who are currently symptomatic, indicating the date of symptom onset and symptoms codes for each.
 - The first Line List can be faxed to the 1-855-532-4373 fax number located at the top of the line list. You will then be contacted with a fax number for subsequent line lists for the current outbreak (Environmental Public Health for Gastrointestinal outbreaks).
- **Subsequent Line Lists for the current outbreak:**
 - Fax the Line List on a DAILY basis.
 - List only newly symptomatic patients and staff who have not been previously reported during the current outbreak, as well as those previously reported who have a status change (change in symptoms).
 - List all symptomatic patients transferred (into or out of the facility, to/from a different unit) or deceased, including patients that have been reported on previous line lists.
 - If no one new is symptomatic on a particular day, please fax in a Line List with the total number of patients and staff currently symptomatic and indicate with a line across the form “No New Ill”.
- **General tips for completing the Outbreak Line List:**
 - The bold boxes on the final row of the Line List “Total # of Patients Currently Symptomatic” and “Total # of Staff Currently Symptomatic” indicate the total number of patients and staff who are currently symptomatic (those reported on previous days’ Line Lists who have not yet recovered, plus the newly symptomatic individuals being reported today).
 - *This row **must** be completed daily to assist Public Health in determining the stage of the outbreak.*
 - Please refer to the “Symptoms Codes” and “Status Codes” located at the bottom of the Line List.
 - Please circle whether the patient or staff is being reported as a “New” person who is now symptomatic or whether they are being reported as a status “Change” by circling the “New” or “Change” in the last column.
 - The “immunized” and “treatment/prophylaxis” fields will be completed by Public Health.
- **If there are any questions please contact 1-855-513-7530.**