

PATIENT / RESIDENT OUTBREAK LINE LIST
All Dates Format: YYYY/MM/DD

	Case #	Case #	Case #	Case #	Case #	Case #	Case #	
Demographics	Onset date of patient symptoms							EI #: Facility: Unit:
	Last name							Total # of Pts/Res on Unit: Total # of Staff on Unit:
	First name							
	PHN #							IPC Contact: Phone #: Fax #:
	Room #							
	Age							
	Sex							Symptoms Legend C-New Cough/Change in Cough E-Exhaustion F-Fever H-Headache JA-Joint Aches MA-Muscle Aches O-Other (use comments area) P-Pneumonia by x-ray ST-Sore Throat De-Deceased due to ILI
	Is pt/resident from LTC/CC?							
	Influenza immunization (Date)							
Symptoms	Day 0 (onset of pt symptoms)							
	Day 1							
	Day 2							
	Day 3							
	Day 4							
	Day 5							
	Day 6							
	Day 7							
	Day 8							
	Day 9							
	Day 10							
	Day 11							
	Day 12							
Other	Comments:							
	Removed from isolation (Date)							
Lab Tests	NP swab (Date)							*Please record "NS" for 48 hours from last day of symptoms or until outbreak is declared over.
	NP swab results							
	Throat swab (Date)							
	Throat swab results							
Antiviral	Oseltamivir (Date)							Email to Infection Prevention & Control AHS.SZ.IPC@ahs.ca
	Zanamivir (Date)							

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