

Respiratory Outbreak Staff Line Listing

Outbreak Number: 2236 - _____ - _____

To be reviewed and faxed daily to 905-825-8797 by 11:00 a.m.

Facility: _____ Date Reported to Public Health: _____ Investigator: _____ Page No: _____

Facility Contact Person: _____

Telephone: _____

Fax: _____

			Symptoms							Tx		Status
			Fever / abnormal temp –pls indicate	Runny Nose/ Sneezing	Nasal Congestion	Sore throat/ Hoarse voice	Cough	Malaise	Other – Specify:	Antiviral (date started d/m)	Antibiotic (date started d/m)	Resolved (date d/m)
Full Name	Flu Immunization	Symptom Onset Date										
	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____ <small>yyyy / mm / dd</small>										
Work location (Unit) _____			Last Day Worked ____/____/____ <small>yyyy / mm / dd</small>									
Full Name	Flu Immunization	Symptom Onset Date										
	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____ <small>yyyy / mm / dd</small>										
Work location (Unit) _____			Last Day Worked ____/____/____ <small>yyyy / mm / dd</small>									
Full Name	Flu Immunization	Symptom Onset Date										
	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____ <small>yyyy / mm / dd</small>										
Work location (Unit) _____			Last Day Worked ____/____/____ <small>yyyy / mm / dd</small>									
Full Name	Flu Immunization	Symptom Onset Date										
	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____ <small>yyyy / mm / dd</small>										
Work location (Unit) _____			Last Day Worked ____/____/____ <small>yyyy / mm / dd</small>									
Full Name	Flu Immunization	Symptom Onset Date										
	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____ <small>yyyy / mm / dd</small>										
Work location (Unit) _____			Last Day Worked ____/____/____ <small>yyyy / mm / dd</small>									
Full Name	Flu Immunization	Symptom Onset Date										
	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____ <small>yyyy / mm / dd</small>										
Work location (Unit) _____			Last Day Worked ____/____/____ <small>yyyy / mm / dd</small>									

Ensure that only staff cases meeting case definition are reported on the line list

Case Definition: Any staff with 2 or more of the following (new) symptoms:

- fever cough runny nose/sneezing nasal congestion sore throat/hoarse voice malaise
- other (specify) _____

March 2011



Personal health information on this form is collected under the authority of the *Health Protection and Promotion Act*, R.S.O. 1990, c. H. 7 in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act* and will be used the delivery of public health programs and services; the administration of the agency and the maintenance of health-care databases. Questions about this collection can be directed to the Freedom of Information and Privacy Coordinator, Region of Halton, 1151 Bronte Road, Oakville, ON, L6M 3L1, 905-825-6000 or toll free at 1-866-442-5866.