

RESPIRATORY OUTBREAK LINE LIST (LRCT)



Staff Data Date Line List Started: _____

Name of Facility: _____

Resident/Patient Data Floor/Unit: _____

Outbreak Number: 3895- 20__ - _____

Fax to TPH Liaison at: (416) _____ - _____

Fax to CONTROL-COVID daily to: 416-586-8894

Case Identification				Symptoms											Laboratory Specimens				Prophylaxis/Vaccination/ Treatment				Complications					Notes									
Case Number	Name (Last, First)	Room number (Resident) Role -Area worked (Staff)	Gender (M/F/Other)	Date of Birth (dd/mm/yyyy) (Residents only)	Onset date of first symptom (dd/mm)	Abnormal temperature (>37.8 °C)	Cough (D=Dry, P=Productive)	Shortness of Breath	Runny nose/sneezing	Nasal Congestion/Stuffy Nose	Myalgia / Arthralgia	Malaise	Sore Throat/Hoarseness	Headache	Chills	Loss of Appetite	Change in level of response	ADL affected by illness?	NP Swab (date of collection dd/mm)	Result & Date (dd/mm)	Other Specimen (Type/Date of collection dd/mm)	Result & Date (dd/mm)	Study Drug Start Date (dd/mm)	Other antiviral date (dd/mm)	Flu Vaccine (dd/mm)	Pneumococcal Vaccine (mm/yyyy)	Antibiotic (dd/mm)	Date of Recovery (dd/mm)	Pneumonia (CXR = CXR confirmed, C = Clinical)	Hospitalized (Y/N)	Deceased (Y/N)	Last Day at Facility (dd/mm)	Adverse events to Study Drug (Y/N; Describe)	Notes			

Case Definition: _____

Causative Agents: _____

ADL = Activities of Daily Living