CONTROL COVID

RESPIRATORY OUTBREAK LINE LISTING (RESIDENT/PATIENT CASES)

Region of Peel
Working for you

Outbreak Number: 2253-_____-_____ **Date Outbreak Declared (dd/mm/yyyy): _____** **Public Health Investigator: _____** **Phone: _____**

Name of Facility: _____ **Facility ICP Contact: _____** **Phone/Ext: _____** **Fax: _____**

Case Definition: _____

Unit/Floor: _____ **Causative Agent: _____** **Study Drug Start Date (dd/mm/yyyy): _____**

Case Definition				Symptoms (new onset)													Precautions/Isolation			Specimens/Diagnostic					Vaccine	Antimicrobials			Outcomes			
Name (last name, first name)	D.O.B. (dd/mm/yyyy)	Gender	Room #	Onset Date (dd/mm/yyyy)	Fever (>37.4 °C)	Cough (new or worse)	Shortness of Breath	Nasal Congestion or runny nose	Sore Muscles / Sore Joints	Sore Throat or Hoarseness	Chills	Fatigue	Headache	Loss of Appetite	Change in level of response	ADL affected by illness?	Other (specify)	Start Date of Precautions / Isolation (dd/mm)	Date symptoms resolved (dd/mm)	End Date of Precautions / Isolation (dd/mm)	NP Swab (date of collection dd/mm)	Result & Date (dd/mm)	Other Specimen (Type/Date of collection dd/mm)	Result & Date (dd/mm)	Pneumonia (CXR = CXR confirmed, C = Clinical)	Date of Influenza Vaccine (dd/mm/yyyy)	Study Drug Start Date (dd/mm)	Other antiviral date (dd/mm)	Other antibiotic (dd/mm)	Date of Hospital Admission (dd/mm)	Date of Hospital Discharge (dd/mm)	Death (cause of death; dd/mm)	Adverse events to Study Drug (Y/N; dd/mm; Describe)

Please review and fax line list daily by 12:00 pm to: 1) Public Health: **905-565-6178** AND 2) CONTROL-COVID: **416-586-8894**