Renfrew County and District Health Unit

Fax form daily to : **613-735-3067**

Respiratory Outbreak Line Listing for Institutions

Telephone #: 613-735-8651
Toll free#: 1-800-267-1097

Case definition: _____

RESIDENT DATA

Outbreak: **2257-** _____

Institution Name: _____

Date outbreak declared: _____ dd/mm/yyyy

Floor/Unit: _____

Organism detected: _____

Case Identification A case must be experiencing two (2) or more symptoms - with at least one (1) symptom from the Acute Respiratory Symptoms category.						**Acute Respiratory Symptoms**						**Other Symptoms**					**Speciman Collection**		**Prophylaxis/ Treatment**		**Vaccination**				**Complications**		
Case Number (sequentially)	Name	Date of birth	Floor	Room	Gender (M/F)	Date of symptom onset	Date symptoms resolved	Fever/abnormal temperature (≤35.5°C or ≥37.5°C) or chills	New or worsening cough: **or** shortness of breath	Runny nose, congestion, **or** sneezing	Sore throat **or** difficulty swallowing	Malaise	Myalgia/Athralgia	Headache	Prostration	Anorexia	Nasopharyngeal swab (date collected)	Results	Antiviral (specify type): **T**=Tamiflu **R**=Relenza **P**-Prophylaxis **Tx**-Treatment	Date	Influenza Vaccine		Pneumococcal Vaccine		Pneumonia - confirmed by chest xray	Hospitilization	Death
		dd/mm/yyyy				dd/mm	dd/mm										dd/mm		Type	dd/mm	YES	NO	YES	NO	dd/mm	dd/mm	dd/mm
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Comments:

This information is being collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, C.H.7., for the purpose of outbreak investigation, monitoring, management, and follow-up; for the purpose of infectious disease surveillance; the purpose of public health administration; and for public information to be used, disclosed and disposed of in accordance with the Personal Health Information Protection Act, 2004, S.O.2004, c.3. Any questions regarding this collection may be directed to your local Public Health Inspector.

March 2015 - MEH