

Renfrew County and District Health Unit

Respiratory Outbreak Line Listing for Institutions

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

STAFF DATA	Outbreak: 2	2257-		
Institution Name:	Date outbreak declared:			
Floor/Unit:	_	dd/mm/yyyy	Organism detected:	

Floor/U	nit:			-						uu	,,,,,,,	,,,,						Organism de	tected:								
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				ıs	Specin	nan Collection	Proph Trea	Vaccination			n	Complications					
Case Number (sequentially)		Last date of work	Expected return to work date	Unit/Floor works on	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: <u>or</u> shortness of breath	Runny nose, congestion, <u>or</u> sneezing	Sore throat <u>or</u> 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	רוופטוווטנטנימו א מנייווני	Pneumonia - confirmed by chest xray	Hospitilization	Death
Casi	Employee Initials	dd/mm	dd/mm	Uni	Ger	dd/mm	dd/mm	Fev ₁ (≤35	Nev or s	Run	Sore	Mal	Mys	Неа	Pro	Ano	dd/mm	Resi	Туре	dd/mm	YES	NO	YES	NO	dd/mm	dd/mm	dd/m
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Comments:

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