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| **INSTITUTIONAL OUTBREAK LINE LISTING RECORD**  **Residents/Patients** **Staff** | | | | | | | | | | | | | | | | | | **Location:** | | | | | | | | | | | | | |  | |
| OUTBREAK NUMBER: 2247-**-** | | | | | Facility Contact Name: | | | | | | | | **Total Number** | | | | | | | | | Date of Index Case:    yyyy/mm/dd | | | Date Notified:  yyyy/mm/dd | | | | Date Declared Over:  yyyy/mm/dd | | | |
| Facility: | | | | | Tel: | | | | | | | | # Staff: | | | # Residents/  Patients: | | | | | |  | | |  | | | |  | | | |
| Ward/  Room #/ Occupation | Name  (Last name, First name)  *Print name out in full* | | | Sex  M/F  Sex | For Residents Enter Date of Birth  yyyy/mm/dd  For Staff Enter Last day worked yyyy/mm/dd | | | | Date of Onset  yyyy/mm/dd | Specimen  yyyy/mm/dd Result | | Admission  Case repatriated from hospital or a new admission during the outbreak Yes/No | | Daily Progress  Month:      Year: | | | | | | | | | | | | | | | | | | |
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| **FOR HEALTH UNIT USE ONLY -Initials/Designation** | | | | | | | | | | | | | |  |  | | | |  |  |  | |  |  |  |  |  |  |  |  |  | |
| General **enteric** case definition: 2 or more episodes of vomiting and/or diarrhea in 24 hours. | | | | | | |  | General **respiratory** case definition: 2 or more new symptoms of respiratory illness. | | | | | | | | | | | | | **COMMENTS:** | | | | | | | | | | | |
| **Check all that apply.** | | | | | | |  | **Check all that apply.** | | | | | | | | | | | | |  | | | | | | | | | | | |
| **D** - Diarrhea | |  | **F** - Fever/abnormal  temperature | | |  |  | **F** - Fever/abnormal  temperature | |  | **ST** - Sore throat/ hoarseness | | | | | |  | | | |  | | | | | | | | | | | |
| **V** – Vomiting | |  |  | | |  |  |  | |  | **Dc**  - Dry Cough | | | | | |  | | | |  | | | | | | | | | | | |
| **N** - Nausea | |  | **SF** - Symptom Free | | |  |  | **H**  - Headache | |  | **Pc** - Productive Cough | | | | | |  | | | |  | | | | | | | | | | | |
| **C -** Abdominal cramps | |  | **RC -**  Recovered | | |  |  | **T** - Tiredness | |  | **LS** - Abnormal lung sounds  (ex// crackles/rales, wheezes) | | | | | |  | | | |  | | | | | | | | | | | |
| **H**  - Headache | |  | **Hos** - Hospitalization | | |  |  | **Nd** - Nasal discharge/  congestion | |  | **Pne -** Pneumonia [CXR+] | | | | | |  | | | |  | | | | | | | | | | | |
| **T** - Tiredness | |  | **Dec** - Deceased | | |  |  |  | |  | **SF** - Symptom Free | | | | | |  | | | |  | | | | | | | | | | | |
|  | |  |  | | |  |  | **M** - Muscle Aches | |  | **Hos -**  Hospitalization | | | | | |  | | | |  | | | | | | | | | | | |
|  | |  |  | | |  |  | **RC -** Recovered | |  | **Dec** - Deceased | | | | | |  | | | |  | | | | | | | | | | | |