Respiratory Illness Outbreak Summary Form for Long-term Care Facilities and Schools

BASIC INFORMATION
Facility Name:
Completed By:
Date:
IMPORTANT DATES
Illness onset of first case in outbreak:
Illness onset of last case in outbreak:

OUTBREAK NUMBERS

	Number		***Number***
Residents/Students		**Staff**	
Total (Ill + Well)		Total (Ill + Well)	
Total Ill		Total Ill	
Total with Fever		Total with Fever	
Total with Cough		Total with Cough	
Total with Sore Throat		Total with Sore Throat	
Total with lab confirmed Flu		Total with lab confirmed Flu	
Total Hospitalized		Total Hospitalized	
Total with Abnormal CXR Findings		Total with Abnormal CXR Findings	
Total Died		Total Died	

VACCINATION INFORMATION

	Number		***Number***
Residents/Students		**Staff**	
Total (Ill + Well) Vaccinated against Flu		Total (Ill + Well) Vaccinated against Flu	
Total Ill Vaccinated against Flu		Total Ill Vaccinated against Flu	

Updated: Sept. 15, 2014

Cumulative Respiratory Outbreak Linelist

Updated September 15, 2014

Facility Name: ______________________________

Date of Report: ______________________________

Reported By: ______________________________

Fax to (401) 222-2488

Attn: Diane Brady, Division of Infectious Disease and Epidemiology

Patient Name	Sex M = Male F = Female	Date of Birth	Floor and Room	Symptoms	Date of Illness Onset	Influenza Test Result	Antivirals Prescribed?	Hospitalized/ Where	CXR results	Specimen sent to State Lab?	Vaccinated?
	○ M ○ F			☐ Cough ☐ Sore Throat ☐ Fever		○ Positive ○ Negative ○ N/A	○ Yes ○ No ○ Unk			○ Yes ○ No ○ Unk	○ Yes ○ No ○ Unk
	○ M ○ F			☐ Cough ☐ Sore Throat ☐ Fever		○ Positive ○ Negative ○ N/A	○ Yes ○ No ○ Unk			○ Yes ○ No ○ Unk	○ Yes ○ No ○ Unk
	○ M ○ F			☐ Cough ☐ Sore Throat ☐ Fever		○ Positive ○ Negative ○ N/A	○ Yes ○ No ○ Unk			○ Yes ○ No ○ Unk	○ Yes ○ No ○ Unk
	○ M ○ F			☐ Cough ☐ Sore Throat ☐ Fever		○ Positive ○ Negative ○ N/A	○ Yes ○ No ○ Unk			○ Yes ○ No ○ Unk	○ Yes ○ No ○ Unk
	○ M ○ F			☐ Cough ☐ Sore Throat ☐ Fever		○ Positive ○ Negative ○ N/A	○ Yes ○ No ○ Unk			○ Yes ○ No ○ Unk	○ Yes ○ No ○ Unk
	○ M ○ F			☐ Cough ☐ Sore Throat ☐ Fever		○ Positive ○ Negative ○ N/A	○ Yes ○ No ○ Unk			○ Yes ○ No ○ Unk	○ Yes ○ No ○ Unk