

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 outbre	eak:		
Illness onset of last case in outbre	ak:		
	OUTBREA	K NUMBERS	
	Number		Number
Residents/Students		Staff	
Total (III + Well)		Total (III + Well)	
Total III		Total III	
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		Total with Abnormal CXR	
Findings		Findings	
Total Died		Total Died	1
	VACCINATION	INFORMATION	
	Number		Number
Residents/Students		Staff	
Total (III + Well) Vaccinated		Total (III + Well) Vaccinated	
against Flu		against Flu	
Total III Vaccinated against Flu		Total III Vaccinated against Flu	

Cumulative Respiratory Outbreak Linelist

Updated September 15, 2014

	OD	E I	SLA,	1.
A L		4	L	0
DEP		K		LT)
TA		1		A
1	ME	NT	OF	ø

Facility Name:	
Date of Report:	

Fax to (401) 222-2488

Reported By:

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?
	O MO F			Cough Sore Throat		O Positive O Negative	Yes No			O Yes	O Yes O No
				Fever		O N/A	O Unk			O Unk	Unk
	O MO F			Cough Sore Throat		O Positive O Negative	O Yes			O Yes	O Yes
				Fever		○ N/A ○ Positive	O Unk			O Unk	Unk
				Cough Sore Throat Fever		○ Negative	YesNoUnk			Yes No Unk	✓ Yes✓ No✓ Unk
	() M() F			Cough Sore Throat		N/A Positive Negative	O Yes O No			O Yes O No	O Yes O No
				Fever		○ N/A	O Unk			O Unk	O Unk
	○ M○ F			Cough Sore Throat		Positive Negative N/A	YesNoUnk			Yes No Unk	Yes No Unk
	O MO F			Cough Sore Throat		Positive Negative N/A	O Yes O No O Unk			Yes No Unk	Yes No Unk