Respiratory Illness Outbreak Surveillance Line List Worksheet

Worksheet for frontline - submit daily to Outbreak Management Team Lead daily

Outbreak Location (ward/Unit/Floor):

- Total # beds in Outbreak location:
- Causative Agent:
- Infectious Period (as per ICP/CDU):
- Date Report Started:

Instructions:

Use this tool to help track RI Cases your facility whether there is an outbreak or not. Use a new version of the form once an outbreak has been identified and declared to keep it specific to the outbreak (or remove any non-outbreak cases).

Submit worksheet to Outbreak Lead daily to update Master Line List.

If information was updated at a later date from the date added to the line list, please ensure the Last Updated Date' column reflects the most recent update.

Prints best on 8.5" x 14" paper

Symptom Legend: Fever = F, Cough = C, Runny Nose = RN, Sore Throat = ST, Malaise = M, Myalgia = My, Headache = Ha, Nausea = Na, Vomiting = V, Diarrhea = D

Date added to line list	Last Updated Date	Last Name	First Name	PHN	DOB	Unit & Room #	Symptom onset date	Symptom description compatible with case definition	Sample type (PCR/ RAT)	Sample collection date	Test result	Date Placed on Isolation	Infectious Period	Death? Enter date of death	Hospitalized	Outbreak case? (Yes/No)