

**Influenza Outbreaks in Long-term Care Facilities
Outbreak Case-Patient Line Listing**

Reporting Facility Name:																										
Reporting Facility License Number:																										
Affected Unit(s):																										
Date Outbreak Identified:		Estimated number of exposed patients:					Estimated number of exposed staff:																			
Demographic Information							Signs and Symptoms							Testing		Vaccination and Treatment			Outcomes							
Patient/Staff Identifier	Initials	Resident (R) or Staff (S)	Patient Room Number	Unit	Staff Role*	Age (Years)	Sex (M/F)	Onset Date (MM/DD/YYYY)	Duration (Days)	Fever (Y/N/Unk)	Highest Temp (°F)	Cough (Y/N/Unk)	Sore Throat (Y/N/Unk)	Pneumonia (Y/N/Unk)	Other: (Y/N/Unk)	Other: (Y/N/Unk)	Rapid Influenza test? (A+, B+, - or n/a)	Non-Rapid Influenza test?	Chest X-ray? (+, -, or n/a)	Influenza Vaccination? (Y/N/Unk)	Anti-viral treatment? (Tamiflu (T)/Relenza)	Date of Antiviral Start (MM/DD/YYYY)	Hospitalized? (Y/N/Unk)	Died? (Y/N/Unk)	Resolved? (Y/N/Unk)	

*Staff role codes: P (Patient Care) F (Food Service) H (Housekeeping)
M (Maintenance) A (Administrative/Clerical) O (Other)

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