

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

Reporting facility name:					
Reporting facility license number:					
Affected unit(s):					
Date outbreak identified:		Estimated number of exposed Residents:		Estimated number of exposed staff:	

Demographic Information								Signs and Symptoms							Testing			Vaccination and Treatment		Outcomes							
Resident/staff identifier	Initials	Resident (R) or staff (S)	Resident 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 (A+, B+, - or n/a)	Chest X-ray (+, -, or n/a)	Influenza vaccination (Y/N/Unk)	Anti-viral treatment (Tamiflu (T)/Xofluza)	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)