Line List for Acute Respiratory Illness Outbreak in Long-Term Care Facilities (Including Influenza)

Facility Name: _____ **County:**_____

Contact Person Name _____ **Contact Phone #**_____

Demographics				Duration of Illness		Highest Temp	McGeer's Case Classification (P/I/L/U)*	Laboratory and Diagnostic Work Up					Name of Anttibiotic Used	Antivirals (Y/N)	Vaccination Status		Hospitalized (Y/N)	Died (Y/N)
Name	DOB	Sex	Room #	Date of Onset	Date Well			WBC	Blood Culture Results	Viral Studies Results	Sputum Gram Stain & Culture Results	Chest Xray Results			Date of Flu Vaccine	Date of Pnumvavc		

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*P=Pneumonia
*I=Influenza-like illness
*L=Lower Respiratory Tract Infection
*U= Upper Respiratory Tract Infection

WEST VIRGINIA Department of Health & Human Resources BUREAU FOR PUBLIC HEALTH

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