

## 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 Antibiotic 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



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