

Influenza/Respiratory Illness Outbreak Line List

Date Health Department was Notified: _____

Facility Name: _____ Address: _____

Facility Contact Person: _____ Email Address: _____ Phone: _____

Total # Staff: _____ Total # Residents: _____ Outbreak Start Date: _____ Alt Phone: _____

Demographics			Role & Location		Symptoms					Vaccination & Outcome			Diagnostics		
Name	DOB	Sex (M/F)	Staff or Resident (S/R)	Staff Role OR Resident Room #	Symptom Onset Date	Fever (T° max/N/U)	Cough (Y/N/U)	Sore Throat (Y/N/U)	Other Symptoms (list)	Vaccinated* (Y/N/U)	Hospitalized (Y/N/U)	Died (Y/N/U)	Specimen Collect Date	Type of Test	Lab Results (+/-/I)
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
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16															
17															
18															
19															
20															

*Vaccinated = Received current seasonal influenza vaccine S = Staff R = Resident Y = Yes N = No U = Unknown I = Indeterminate



Cowlitz County Health Department Communicable Disease Program

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<http://www.co.cowlitz.wa.us/index.aspx?nid=2270>