



Institution Name: _____ Floor/Wing: _____

Public Health Investigator: _____

Outbreak Number: 2270-20 - Case definition _____

Date OB declared: _____ Facility contact & Ext: _____

| Case Identification | | | Symptoms | | | | | | | | | | | Diagnosis | | | | Medication | | | Hospitalization | | | Death | | Recovery | | | |
|---|------|---|-------------------------------------|-------------------------|----------------|--------|--------------------------|------------------|---|-----------|------------------|---------|---------------|---------------|---------|------------|---------|------------------------|------------|----------------------|------------------|---------------|-----------------|-----------|---------------|----------------|----------------|--|--|
| <small>This information is being collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7 for the purpose of outbreak investigation, monitoring, management and follow-up; infectious disease surveillance; public health administration and the provision of statistical data to the Ministry of Health and Long Term Care information will be retained, used, disclosed and disposed of in accordance with the Personal Health Information Protection Act, 2004, C.3. If you have any questions, please contact the Manager for the Control of Infectious Diseases and Outbreak Management at ext. 73500.</small> | | | Onset date of first symptom (Y/M/D) | Last day worked (Y/M/D) | Fever - Record | Chills | Runny nose &/or sneezing | Nasal congestion | Sore throat /hoarseness difficulty swallowing | Dry cough | Productive cough | Myalgia | Other- specif | NP Swab | | CXR | | Anti-viral Prophylaxis | Antibiotic | Anti-viral Treatment | Name of hospital | Date admitted | Date discharged | Diagnosis | Date of death | Cause of death | Coroner's Name | Date of last symptom (Record 48 hrs later) | |
| | | | | | | | | | | | | | | Date collecte | Results | Date taken | Results | | | | | | | | | | | | |
| Meets/Does not meet | Name | Unit # | DOB | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | HC # | <input type="checkbox"/> Male <input type="checkbox"/> Female Immunization Flu date | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meets/Does not meet | Name | Unit # | DOB | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | HC # | <input type="checkbox"/> Male <input type="checkbox"/> Female Immunization Flu date | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meets/Does not meet | Name | Unit # | DOB | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Meets/Does not meet | Name | Unit # | DOB | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Meets/Does not meet | Name | Unit # | DOB | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | HC # | <input type="checkbox"/> Male <input type="checkbox"/> Female Immunization Flu date | | | | | | | | | | | | | | | | | | | | | | | | | | | |