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| **INSTITUTIONAL OUTBREAK LINE LISTING RECORD** **[ ]  Residents/Patients** **[ ] Staff**  | **Location:**       |  |
| OUTBREAK NUMBER: 2247-**-** | Facility Contact Name:      | **Total Number**  | Date of Index Case:     yyyy/mm/dd | Date Notified:yyyy/mm/dd      | Date Declared Over: yyyy/mm/dd      |
| Facility:       | Tel:      | # Staff:      | # Residents/Patients:       |  |  |  |
| Ward/Room #/ Occupation | Name(Last name, First name)*Print name out in full* |  SexM/F Sex  | For Residents EnterDate of Birthyyyy/mm/ddFor Staff EnterLast day workedyyyy/mm/dd | Date of Onsetyyyy/mm/dd | Specimenyyyy/mm/dd Result | AdmissionCase repatriated from hospital or a new admission during the outbreakYes/No | Daily Progress Month:      Year:      |
|  |  |  |  |  |  |  |   dd |   dd |   dd |   dd |   dd |   dd |   dd |   dd |   dd |   dd |   dd |   dd |   dd  |   dd |
|       |   |    |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
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|  **FOR HEALTH UNIT USE ONLY -Initials/Designation** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General **enteric** case definition: 2 or more episodes of vomiting and/or diarrhea in 24 hours. |  | General **respiratory** case definition: 2 or more new symptoms of respiratory illness. | **COMMENTS:**         |
| **Check all that apply.** |  | **Check all that apply.** |  |
| **D** - Diarrhea | [ ]  | **F** - Fever/abnormal temperature | [ ]  |  | **F** - Fever/abnormal temperature | [ ]  | **ST** - Sore throat/ hoarseness | [ ]  |  |
| **V** – Vomiting | [ ]  |  | [ ]  |  |  |  | **Dc**  - Dry Cough | [ ]  |  |
| **N** - Nausea | [ ]  | **SF** - Symptom Free | [ ]  |  | **H**  - Headache | [ ]  | **Pc** - Productive Cough | [ ]  |  |
| **C -** Abdominal cramps | [ ]  | **RC -**  Recovered | [ ]  |  | **T** - Tiredness | [ ]  | **LS** - Abnormal lung sounds(ex// crackles/rales, wheezes) | [ ]  |  |
| **H**  - Headache | [ ]  | **Hos** - Hospitalization | [ ]  |  | **Nd** - Nasal discharge/  congestion | [ ]  | **Pne -** Pneumonia [CXR+] | [ ]  |  |
| **T** - Tiredness | [ ]  | **Dec** - Deceased | [ ]  |  |  |  | **SF** - Symptom Free | [ ]  |  |
|  |  |  |  |  | **M** - Muscle Aches | [ ]  | **Hos -**  Hospitalization | [ ]  |  |
|  |  |  |  |  | **RC -** Recovered | [ ]  | **Dec** - Deceased | [ ]  |  |