

# Influenza and ILI Outbreak Line List for Healthcare Facilities

## STAFF



Facility Name: \_\_\_\_\_

Contact Person/Phone No.: \_\_\_\_\_

Outbreak Number : \_\_\_\_\_

Date : \_\_\_\_\_

Total Number of Staff at time of outbreak: \_\_\_\_\_

Staff Information			Staff Duties			Vaccination status	Illness Description							Diagnostics					Outcome					
Staff Name	Date of birth or Age	Sex (M/F)	Unit/Ward Assigned to	Direct Resident Contact? (Y/N), if yes, job title	Work at multiple sites? (Y/N)	Influenza vaccination (Y/N), if yes, date of vaccination	Date of illness onset	Fever (Y/N) or highest temperature (°F)*	Cough (Y/N)	Myalgia/Body Aches (Y/N)	Chills (Y/N)	Sore throat (Y/N)	Shortness of breath (Y/N)	Other (Y/N)	Chest X-ray confirmed pneumonia (Y/N)	Doctor visit (Y/N)	Specimen collected (Y/N)	Specimen Type (NP, Sputum, Other)	Diagnosis/Lab Result	Antivirals (Y/N), Date started/Date ended	Antibiotics (Y/N), Date started/Date ended	Final Diagnosis Influenza/Pneumonia/Other	Hospitalized (Y/N)	Died (Y/N, if yes, date)
1.																								
2.																								
3.																								
4.																								
5.																								
6.																								
7.																								
8.																								
9.																								
10.																								

\*Self-reported or highest temperature: measured oral, under armpit or rectal