



Acute Communicable Disease Control Program  
 313 N. Figueroa St., Rm 212, Los Angeles, CA 90012  
 213-240-7941 (phone) 213-482-4856 (fax)  
 www.publichealth.lacounty.gov

## Influenza and Respiratory Outbreak Line List for Healthcare Facilities

### RESIDENTS



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

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

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

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

Resident Information			Resident Location		Vaccination status		Illness Description							Diagnostics					Outcome					
Resident Name	Date of birth or Age	Sex (M/F)	Room #	Unit/Ward	Influenza (Y/N), if yes, provide date	Pneumococcal (Y/N), if yes, provide date	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)
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\*Self-reported or highest temperature: measured oral, under armpit or rectal



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## 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)	
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