Line Listing for the Report of a Suspected Respiratory Illness Outbreak

Date of report: _____   Name of investigator: _____

Name of person reporting outbreak: _____

Address: _____   Home phone: _____

Alternate number: _____

Is this outbreak associated with a specific setting? ☐ Yes   ☐ No   ☐ Unknown

If yes, which setting: ☐ Child care setting ☐ Correctional facility   ☐ Food service   ☐ Healthcare

☐ Long term care   ☐ Mental health facility   ☐ School

☐ Other: _____

If outbreak associated with a specific setting:

Facility Name: _____

Address: _____   City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____

Summary of staff and non-staff (e.g., residents, patients, students, child care settings attendees, sports team members, etc.) at the facility:

Number of staff: _____   +   Number non-staff: _____   =   Total number at the facility: _____

Number of staff ill: _____   +   Number non-staff ill: _____   =   Total number ill at the facility: _____

Date of onset for first ill person: _____

Are people still currently ill? ☐ Yes   ☐ No

Complainants suspected cause or source of illness/infection, other possible sources of infection:

_____

_____

Other comments:

_____

_____

_____

Please fill out the line listing on the opposite side. Record each person's response for symptoms and exposures using Y (Yes), N (No), or Unk (Unknown) for each question. Contact the Tulsa Health Department Epidemiology Department at (918) 595-4399 to report the suspected outbreak and fax line listing to (918) 595-4585.

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Date: Name of Investigator: NAME	Demographics				Symptom and Diagnostic History												
	Date of birth	Gender (Male/Female)	Phone Number	Resident, student or employee (R/S/E)	Date of symptom onset	Cough? (Yes/No/Unknown)	Cough with sputum? (Y/N/Unk)	Shortness of breath? (Y/N/Unk)	Fever? (Y/N/Unk) (100°F)	Sore throat? (Y/N/Unk)	Seen a physician? (Y/N/Unk)	Specimens collected? (Y/N/Unk)	Lab Result (Flu A or Flu B)	Hospitalized? (Y/N/Unk)	Physician Information (Name, Phone number)	Vaccinated for Influenza (Y/N/Unk)	Died? (Y/N/Unk)	Date of Death
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	