

Public Health Line List *(Acute Care and Facility/Supportive/Home Living Sites)*

Fax DAILY updates with newly symptomatic individuals.

Fax to: 1-855-532-4373, unless instructed to fax to alternate fax number _____

Date _____

If individuals named on previous Line Lists have been admitted to hospital or deceased, please list them again on the day their status changed.

Facility Name/Location				Community		Illness			EI # (if applicable)		
Any newly symptomatic individuals, or status change in previously reported? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, proceed to line list below)</i>						Contact Person			Telephone		
Last Name	First Name	Unit/ Wing	DOB <i>(yyyy-Mon-dd)</i>	PHN/ULI	Onset of Disease <i>(yyyy-Mon-dd)</i>	Symptoms Codes <i>(see below)</i> <i>(if cough indicate dry, productive, paroxysmal)</i>	Specimen Sent <i>(yyyy-Mon-dd)</i>	Immunized <i>(indicate yes or no)</i>	Treatment (T) Prophylaxis (P) Date started	Status Code <i>(see below)</i>	Newly ill (N) or status change (C)
									T: P:		
									T: P:		
									T: P:		
									T: P:		
Update on hospitalizations/deaths of above/previously reported ill residents					Name of hospital and date admitted			Date and cause of death			
Total # Patients/Residents newly symptomatic					Total # Staff newly symptomatic						

Symptoms Codes: V=Vomiting D=Diarrhea N=Nausea F=Fever H=Headache A=Abdominal Pain M=Muscle/Joint Pain C=Cough O=Other ST=Sore Throat

Status Codes: 1 = Residents/Patients 2 = AHS Staff 3 = non-AHS Staff See Instructions on back page →

Influenza immunization (*current season*) > 14 days prior to opening of outbreak: Total Residents/Patients immunized _____ Total Staff immunized _____

Asymptomatic that received prophylaxis: Total # Residents/Patients _____ Total # Staff _____

Alberta Health Services collects health information in accordance with Section 20 of the Health Information Act (HIA) for the purpose of providing health services, determining eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this collection, please ask your health care provider or contact 1-855-513-7530.

Tips for Completing the Outbreak Line List

- **First Outbreak Line List submitted for an outbreak**
 - Include all individuals who are currently ill, indicating the date of symptom onset and symptom codes for each individual
 - The first Line List can be faxed to the 1-855-532-4373 fax number located at the top of the line list. You will then be contacted with a fax number for subsequent line lists for the current outbreak.
 - Gastrointestinal outbreaks can be reported directly to the local Public Health Inspector and then faxed to the number provided by the inspector.
 - If unable to contact the inspector please fax the Line List to the 1-855-532-4373 number
 - All other outbreaks (*e.g. ILI*) can be reported to local Public Health Nurse
- **Subsequent Line Lists for the current outbreak**
 - Fax the Line List on a DAILY basis, until otherwise instructed by Public Health/Public Health Inspector.
 - List only newly ill people who have not been previously reported during the current outbreak, as well as those individuals (*previously reported*) who have a **STATUS** change (*i.e. admitted to hospital or deceased*).
 - **FAX** in a Line List with the total number of residents and staff currently symptomatic and indicate “no new ill “ by answering “No” to “*Are there any newly symptomatic individuals or status change in previously reported?*”
- **General tips for completing the Outbreak Line List**
 - The final row of the Line List indicates the total number of patients/residents and staff who are currently symptomatic (*i.e. those reported on previous days’ Line Lists, who have not yet recovered*) plus the newly symptomatic individuals being reported today
 - This row must be completed daily to assist Public Health in determining the stage of the outbreak.
 - Refer to the “Symptom Codes” and “Status Codes” located at the bottom of the Line List
 - The “immunized,” and “treatment/prophylaxis” fields will be completed by Public Health
 - Enter whether the patient/resident or staff member is being reported as a “New” person who is now symptomatic or whether they are being reported as a status “Change” by indicating “New” or “Change” in the last column.
- **If there are any questions please contact 1-855-513-7530 or your local public health unit.**