

# Respiratory outbreak case list

**Respiratory symptoms** = cough, sore throat, runny nose, shortness of breath  
**Systemic symptoms** = myalgia, malaise, lethargy, headache  
**COVID symptoms** include the above and loss of sense of smell or taste

Institution name:					Outbreak name:							Date:										
Case Identification					Clinical (✓ = 'yes')					Died	Testing			Vaccination		Antivirals						
Last name, First name	Resident ✓	Staff ✓	Sex (M/F)	Birth date (dd/mm/yyyy)	Onset date (dd/mm)	Sudden symptom onset	Fever or temp >37.5*	Respiratory	Systemic	Hospitalised	Deceased Y/N	COVID-19 swab date (dd/mm/yy)	Multiplex respiratory panel swab date 9dd/mm/yy	Positive Result (e.g. COVID-19, Influenza A, RSV etc)	COVID-19 vaccine date (dd/mm/yy)	Influenza vaccine date (dd/mm/yy)	Prophylaxis ✓	Treatment✓	Date commenced (dd/mm)	Other details (e.g. date of death)		

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