Respiratory outbreak case list

Please return completed forms to 1300 651 170 twice weekly to:

(Public Health Officer's name)

Respir	atory	symp	toms = co	ugh, sore
hroat,	runny	nose,	shortness	of breath

General symptoms = myalgia, malaise, lethargy, headache

VICTORIA	Health
State	and Human
Government	Services

Institution name:	Outbreak name:	Date:		

Case identification				Clinical (✓ = "yes")				Died		Swab		Vaccine			Antiviral medication given (Y/N)			Other			
Last name, First name	Resident 🗸	Staff ✓	Sex (M/F)	Birth date (dd/mm/yyyy)	Onset date (dd/mm)	Sudden symptom onset	Fever or temp >38*	Respiratory	General	Hospitalised Y/N	Deceased Y/N	Nose/throat swab*	Date swab taken (dd/mm)	Result (e.g. Influenza A, RSV etc)	Vaccinated 2018 Y/N	Fluad (A) / Fluzone (Z) Other fluvax (X)	Date vaccinated (dd/mm)	Prophylaxis	Treatment	Date commenced (dd/mm)	Other details (e.g. date of death)