Line Listing of Residents - Respiratory Outbreak or Increased Incidence of ILI Symptoms (For Resident/Patient Cases) Outcomes unrelated to Facility Outcomes Case **Symptoms** Laboratory related to Outbreak Category LTC Facilities Outbreak Unit/Floor Only Hospitalized Transferred to another Cough
Sore Throat
Painful Joints
Muscle Pain
Headache
Prostration
Prostration
Prostration Patient's Date unit Discharged Entry Hospitalized Onset Flu Room sample Confirmed, Date Lab PHN/MRN Age Sex Date Fever First Name **Vaccine Last Name** Number submitted Probable, M/F (ddsample Comments (dd-mmm-(dd-mmm-(when past 12 or Not a submitted mmmуууу) symptoms months уууу) Case уууу) began)

Line Listing of Residents - Respiratory Outbreak or Increased Incidence of ILI Symptoms (For Resident/Patient Cases) Outcomes Facility unrelated **Outcomes** to Case Laboratory **Symptoms** related to Outbreak Category Outbreak LTC Unit/Floor **Facilities** Only Transferred to another unit Discharged Patient's Hospitalized Date Sore Throat
Painful Joints
Muscle Pain **Entry Date** Resolution Hospitalized Headache Prostration Flu Room sample Confirmed, Fever (dd-mmm-Onset Date Date PHN/MRN Age Sex Lab Died Last Name First Name Number Vaccine submitted Probable, Died (dd-mmm-(dd-Comments sample уууу) or Not a (when past 12 (dd-mmmуууу) submitted mmmmonths Case symptoms уууу) уууу) began)