

Lab Confirmed Influenza Outbreak Outcome Tracking

Please complete the following for line listed clients who were lab confirmed cases of Influenza.

Facility Name:		Outbreak #	
		2268 – –	
Client Name:		Gender:	DOB (YYYY-MM-DD):
		M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
Influenza Vaccine	Vaccine Name:	Site:	
Y <input type="checkbox"/> N <input type="checkbox"/>	Lot #:	Date Administered:	
Ordering Physician:		Administered by:	
Hospitalization:	Hospital Name:	Admission Date (YYYY-MM-DD)	
Y <input type="checkbox"/> N <input type="checkbox"/>			
Underlying Medical Conditions:			
Pneumonia diagnosed by chest x-ray (CXR): Y <input type="checkbox"/> N <input type="checkbox"/>		Date of CXR:	
Deceased:	Date of Death (YYYY-MM-DD)	Cause of death related to influenza:	
Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Additional Information:			
Completed by: Name and Designation			Date (YYYY-MM-DD)

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Y <input type="checkbox"/> N <input type="checkbox"/>	Lot #:	Date Administered:	
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Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Additional Information:			
Completed by: Name and Designation			Date (YYYY-MM-DD)

Fax to WECHU Infectious Disease Prevention Department at 519-977-5097.
If you have questions, please call 519-258-2146 ext. 1420.