



Acute Communicable Disease Control Program  
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## Influenza and Respiratory Outbreak Line List for Non-Healthcare Facilities



Students,  Staff, or  Residents (check one)

School/Daycare/Facility Name: \_\_\_\_\_ Contact Person/Phone No.: \_\_\_\_\_

Outbreak Number : \_\_\_\_\_ Total # of students/staff/residents in affected classroom(s)/unit(s): \_\_\_\_\_ Date : \_\_\_\_\_  
Students/Residents Staff

Student/Staff/Resident Identification			Location		Vaccination status	Illness Description								Diagnostics				Outcome				
Student/Staff/Resident Name & Phone Number	Age or Date of birth	Sex (M/F)	Room/Office/Unit #	Grade	Influenza (Y/N/U) if yes vaccination date	Date of illness onset	Fever (Y/N) or highest temperature (°F)*	Cough (Y/N)	Myalgia/Body Aches (Y/N)	Chills (Y/N)	Sore throat (Y/N)	Runny Nose (Y/N)	Other (Y/N)	Date recovered/returned to school	Doctor visit (Y/N)	Specimen collected (Y/N)	Diagnosis/Lab Result	Antivirals (Y/N), Date started/Date ended	Antibiotics (Y/N), Date started/Date ended	Final Diagnosis Influenza/Pneumonia/Other	Hospitalized (Y/N), if yes # of days	Died (Y/N, if yes, date)
1.																						
2.																						
3.																						
4.																						
5.																						
6.																						
7.																						
8.																						

\*Self-reported or highest temperature: measured oral, under armpit or rectal