RESIDENT Acute Respiratory Illness (ARI) OUTBREAK LINE LIST

Facility Name: _____ Contact Person: _____ Page: _____ Date: _____

Last, First	DOB	Sex	Unit		Onset Date	F	C	NC	M	ST	Flu Vacc. Date	Flu Lab Results	COVID-19 Vacc. Date	COVID-19 Lab Result	Hospi-tal Date	Well Date	Comments

Acute Respiratory Illness (ARI) outbreak case definition including COVID-19, influenza, and RSV:
3 or more residents/staff from the same unit/wing with 2 or more ARI symptoms (see below) within 72 hours of each is reportable to the Local Health Department (Brown County).

F=Fever>100F or 2 degrees above baseline; C=cough; NC=nasal congestion; M=myalgia; ST=sore throat

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Public Health
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Health & Human Services

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