

## RESIDENT Acute Respiratory Illness (ARI) OUTBREAK LINE LIST

Facility Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Page: \_\_\_\_\_ Date: \_\_\_\_\_

Last, First	DOB	Sex	Unit	Job	Onset Date	F	C	NC	M	ST	Other SX	Flu Vacc Date	Hosp Date	COVID-19 lab result	Flu lab result	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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