

### STAFF 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

**Brown County Public Health Division**  
 Fax: (920) 448-6449  
 Email: [bc.health.public.ltcf@browncountywi.gov](mailto:bc.health.public.ltcf@browncountywi.gov)



Updated 11/3/23