Facility_____

Dates of Observation (onset to resolution)_____

Influenza-like Illness (ILI) Line List For Long-Term Care Facilities

Complete first two pages for each resident with ILI. Please use the corresponding note page if necessary.

Name	Room No.	Age (Years)	Sex (M/F)	Vaccine Date (mm/dd/yy)		Onset Date of ILI Symptoms (mm/dd/yy)	Duration Of Illness (Tally of Days)	Highest Temp (ºF)	Symptoms (Y/N/U)						
				Influenza	Pneumococcal				Cough	Sore throat	Coryza	Myalgia	Headache	Chills	Other
Example: Mary Johnson	214 B	78	F	09/14/11	08/05/09	12/15/11	~~IIII~~ I	102.1	Y	U	Y	Y	N	Y	None
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19.															

Facility _____

Influenza-like Illness (ILI) Line List for Long-Term Care Facilities – continued

Dates of Observation (onset to resolution)_____

Name Initials (from previous page)	Pneumonia		Outcome					Lab Results					Antiviral Medication		
			Hospitalization			Death		Influenza (pos/neg & type)			Other Respiratory		Medication	Treatment	
	Physician / NP Diagnosed (Y/N/U)	X-ray Confirmed (Y/N/U)	Y/N	Date of Admission (mm/dd/yy)	Date of Discharge (mm/dd/yy)	Y/N	Date of Death (mm/dd/yy)	Rapid Test	RT-PCR	Viral Culture	Type of Test	Test Result	T = Tamiflu (oseltamivir) O = Other N = None	Start Date (mm/dd/yy)	End Date (mm/dd/yy)
Example: M.J.	Y	N	Y	12/17/11	12/21/11	N	N/A	Neg.	Pos. / A	N/A	Culture	Pos. RSV	T	12/16/11	12/20/11
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Facility _____

Influenza-like Illness (ILI) Line List for Long-Term Care Facilities – continued

Dates of Observation (onset to resolution)_____

Name Initials (from previous page)	Notes and Significant Findings (Ex. transmission, prophylaxis information, significant changes in medical condition, vaccine contraindication or refusal, etc.)
Example: M.J.	Resident was treated prophylactically with oseltamivir beginning on 12/01/11 for seven days due to symptomatic roommate. Resident's husband visited on 12/11/11 and called indicating he was symptomatic on 12/12/11.
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