

### Indiana State Department of Health Respiratory Illness Line List

When completed, fax to ISDH at (317) 234-2812; ATTN respiratory epidemiologist.

**Note: Please notify your local health department or the Indiana State Department of Health (phone 317-234-2809, respiratory epidemiologist) as soon as an outbreak is suspected.**

Patient/Staff Demographics					Room	Clinical							Laboratory							Outcome			
Initials (FI)	Patient (P) Staff (S)	Age	Sex (M/F)	Unit and/or room number (admit date to onset date)	Date of illness onset (mm/dd/yy)	Fever (Y/N)	Cough (Y/N)	Sore Throat (Y/N)	Pneumonia (Y/N)	Nasopharyngeal (NP) specimen collected (Y/N)	Other specimen type if not NP	Date of specimen collection (mm/dd/yy)	Suspected Disease	Test Type	Result (+/-/NA)	Specimen Available for ISDH Testing (Y/N)	Specimen pending at ISDH, if applicable	Influenza Antivirals prescribed (Y/N/NA)	Hospitalized (Y/N/Unk)	Date of Hospital Admission	Died (Y/N/Unk)		
EX	JS	P	55	M	222	1/1/2014	Y	Y	Y	Y	n/a	1/2/2014	Influenza	PCR	+	Y	N/A	Y	N	n/a	N		
EX	LN	P	67	F	432	2/2/2014	Y	N	Y	Y	sputum	2/6/2014	Legionellosis	Culture	+	Y	N/A	N/A	Y	2/3/2014	N		
1																							
2																							
3																							
4																							
5																							
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9																							
10																							
11																							
12																							
13																							
14																							
15																							

Reporting Facility _____	Contact Name _____	Number of ill patients during outbreak _____
Street Address _____	Phone Number _____	Number of ill staff during outbreak _____
LTC Incident ID (ISDH Assigned) _____		Influenza Rapid Test Kits Requested (Y/N) _____

*Last updated 06/2015*