

Outbreak#: _____

Name of Facility: _____

Hospitalizations, Complications & Deaths of Line Listed Cases

Hospitalizations

No

Yes

Complications

No

Yes

Deaths

No

Yes

If yes, enter details in table below and document this information on the line list

Note: Only report the hospital admissions, complications and deaths of cases that were line listed, met the case definition and were related to the outbreak.

No.	Resident/Patient Name	DOB	Line Listed (LL) Case Y/N	If LL - Onset date of Resp. Illness	Hospitalizations				Complications		Deaths		
					Date Hospitalized	Name of Hospital (initials see below)	Reason for Hospitalization	Date Discharge	Pneumonia		Specify Other Complications	Date of Death	Cause of Death
									Clinic Y/N	X-ray confirmed Y/N			
HSC Hospital for Sick Children HRRH Humber River Regional Hospital (specify site) MSH Mount Sinai Hospital NYBH North York Branson NYGH North York General Hospital PMH Princess Margaret Hospital				SCH Scarborough Centenary Hospital SGH Scarborough General Hospital SGGH Scarborough Grace General Hospital SHSC Sunnybrook Health Science Centre SJHSC St. Joseph's Health Science Centre SMH St. Michael's Hospital				TEGH Toronto East General TGH Toronto General Hospital THC Trillium Health Centre TWH Toronto Western Hospital WHO William Osler Hospital (specify site) WCH Woman's College Hospital WPH West Park Hospital					