Influenza Outbreak - Data Record (complete for all symptomatic cases)

Name of resident or staff member	DOB	Had Flu vaccine (Y or N)	Antibiotic (Y or N)	Antiviral (Y or N)	Specimen date (X)	Specimen result (+ or -)	Date of start and end of symptoms															

For all the React To Infection resources go to: **www.reactto.co.uk**

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