Appendix A: Sample Surveillance Case Log of Residents with Acute Respiratory Illness and/or Pneumonia							
Resident Identification							
Name	Age	Sex (M/F)	Building/ Unit/Room				

Vac	cine History	Illness Descriptions									
Influenza (Y/N)	Pneumococcal (Y/N)	Date onset illness	Highest temperature	Cough (Y/N)	Malaise/ fatigue (Y/N)	Chills/ rigors (Y/N)	Sore throat (Y/N)	Arthralgia/ myalgia (Y/N)	Change in respiratory status (e.g., sputum)	Pneumonia (Y/N)	CXR confirmed (Y/N)

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	Influenza Test Results	COVID-19 Test Results			
Date specimen collected	RT-PCR Results	Rapid antigen (+/-/ND)	Date specimen collected	Type of test	

	Pneumococc	al Test Results	Anti-viral	Treatment			
Pos/ Neg/ Ind	Gram stain	Sputum culture	Date started	Date ended			

Antibiotic	Illness Outcome						
Date started	Date ended	Influenza (Y/N)	Pneumonia (Y/N)	Hospitalized (Y/N)	No. Days hospitalized	Died (Y/N) If yes, date	