

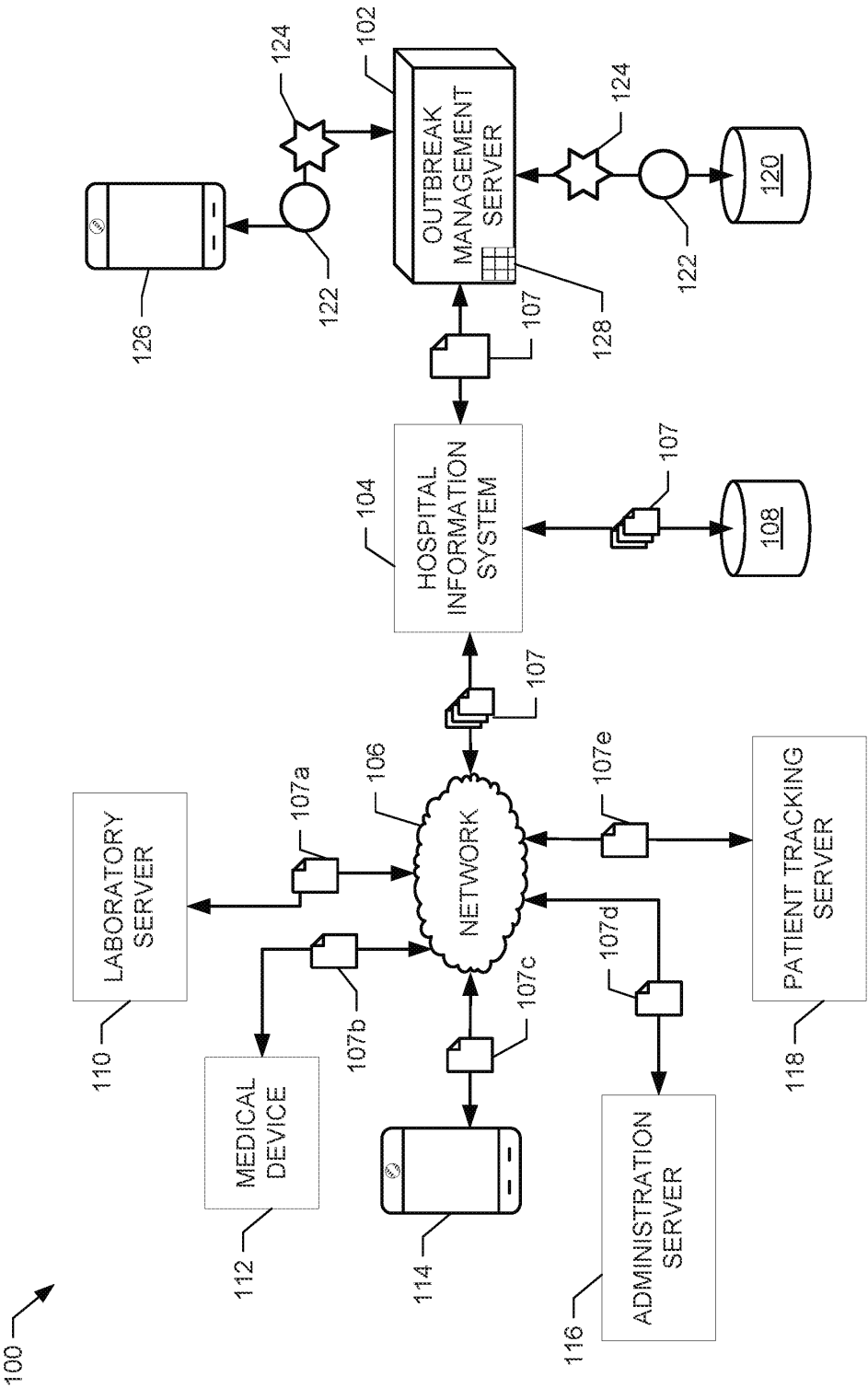


FIG. 1

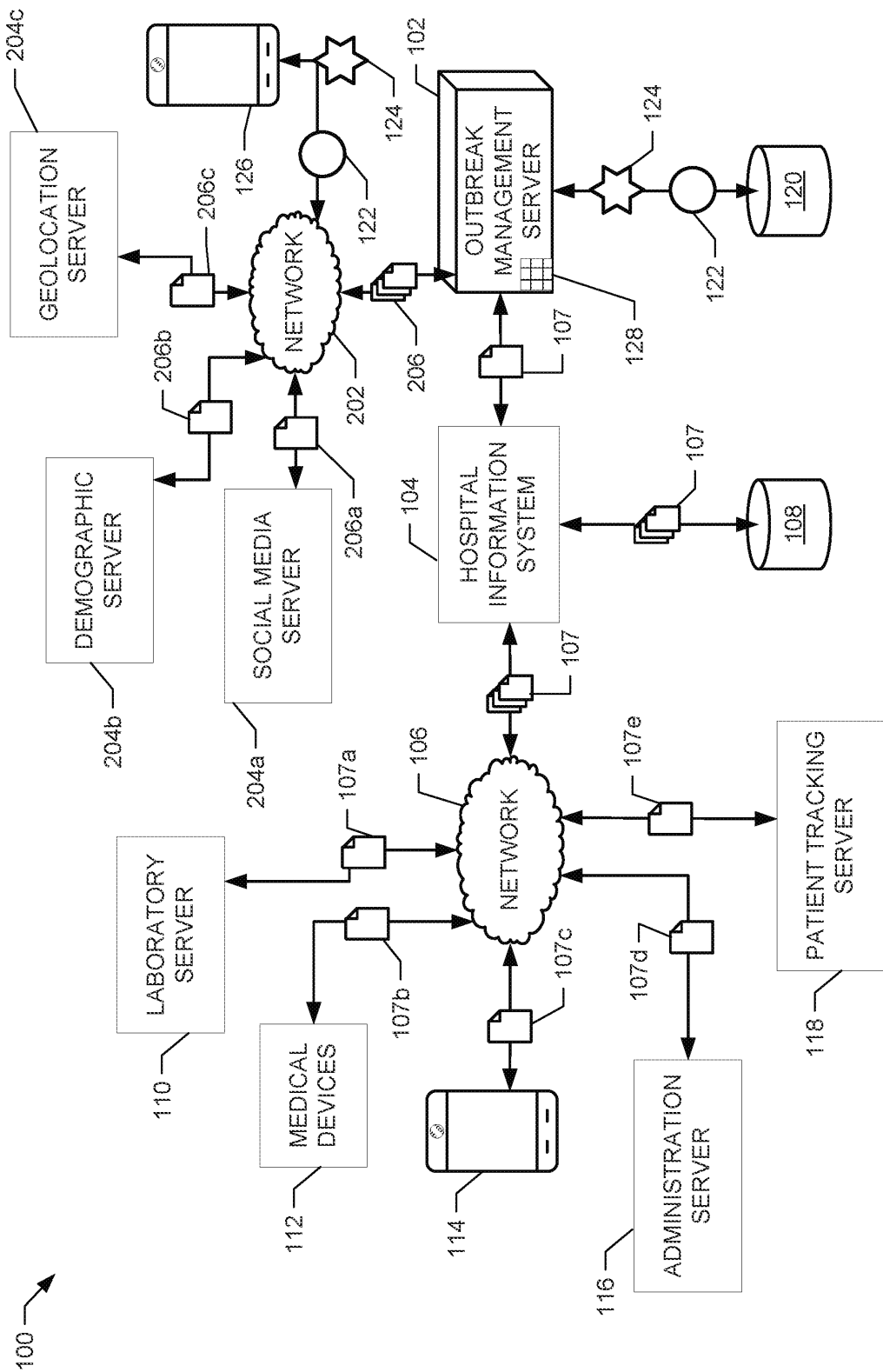


FIG. 2

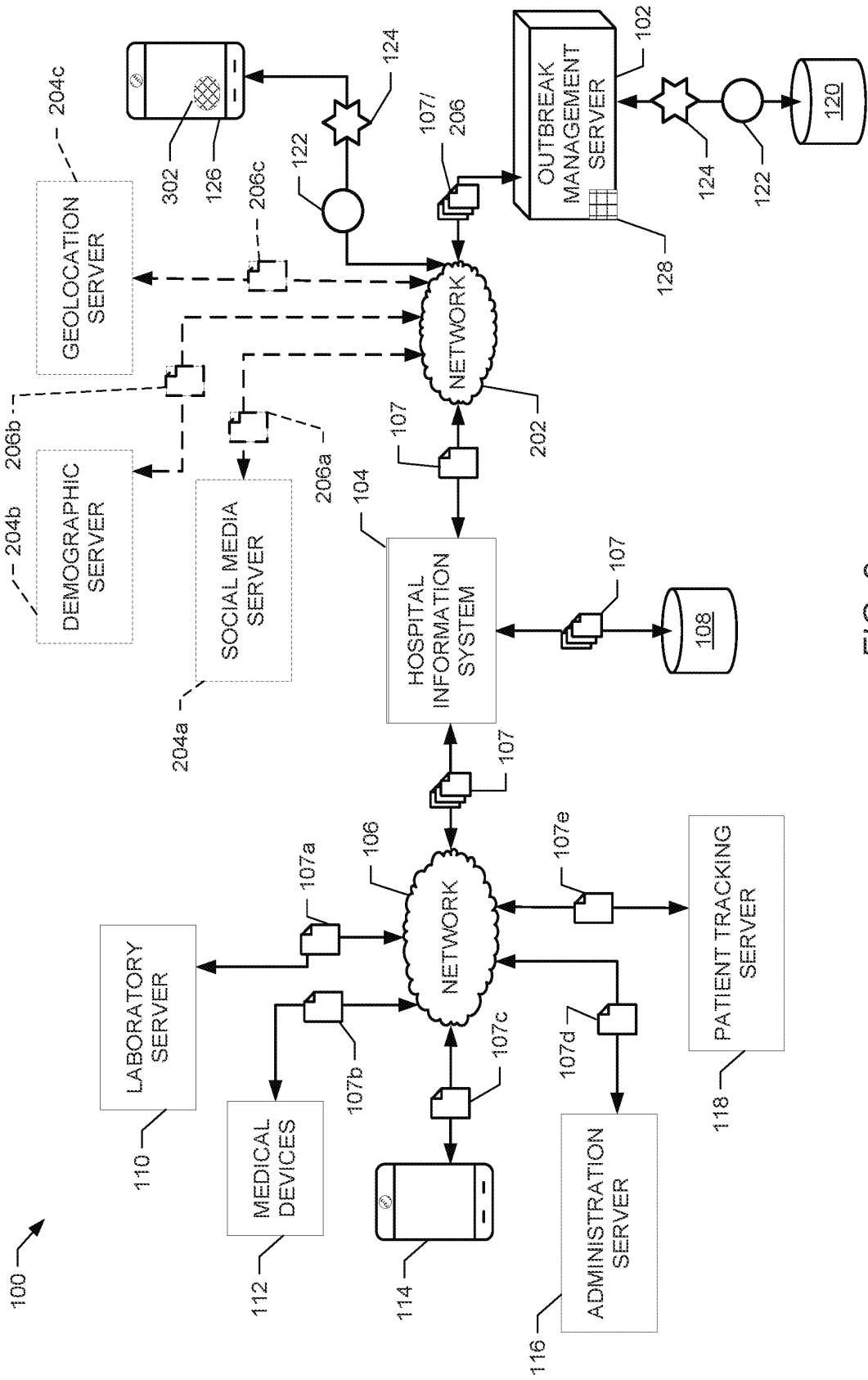


FIG. 3

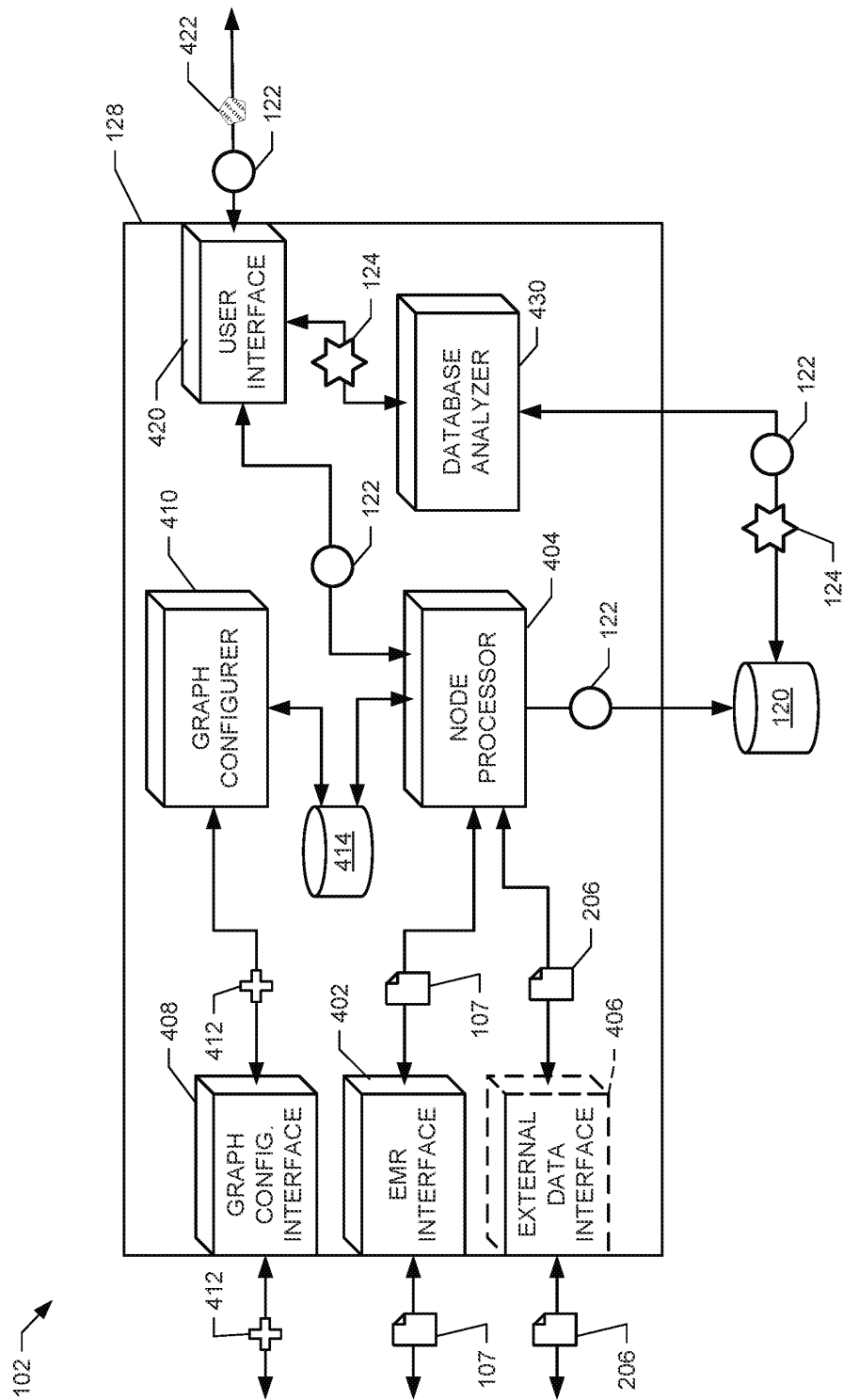


FIG. 4

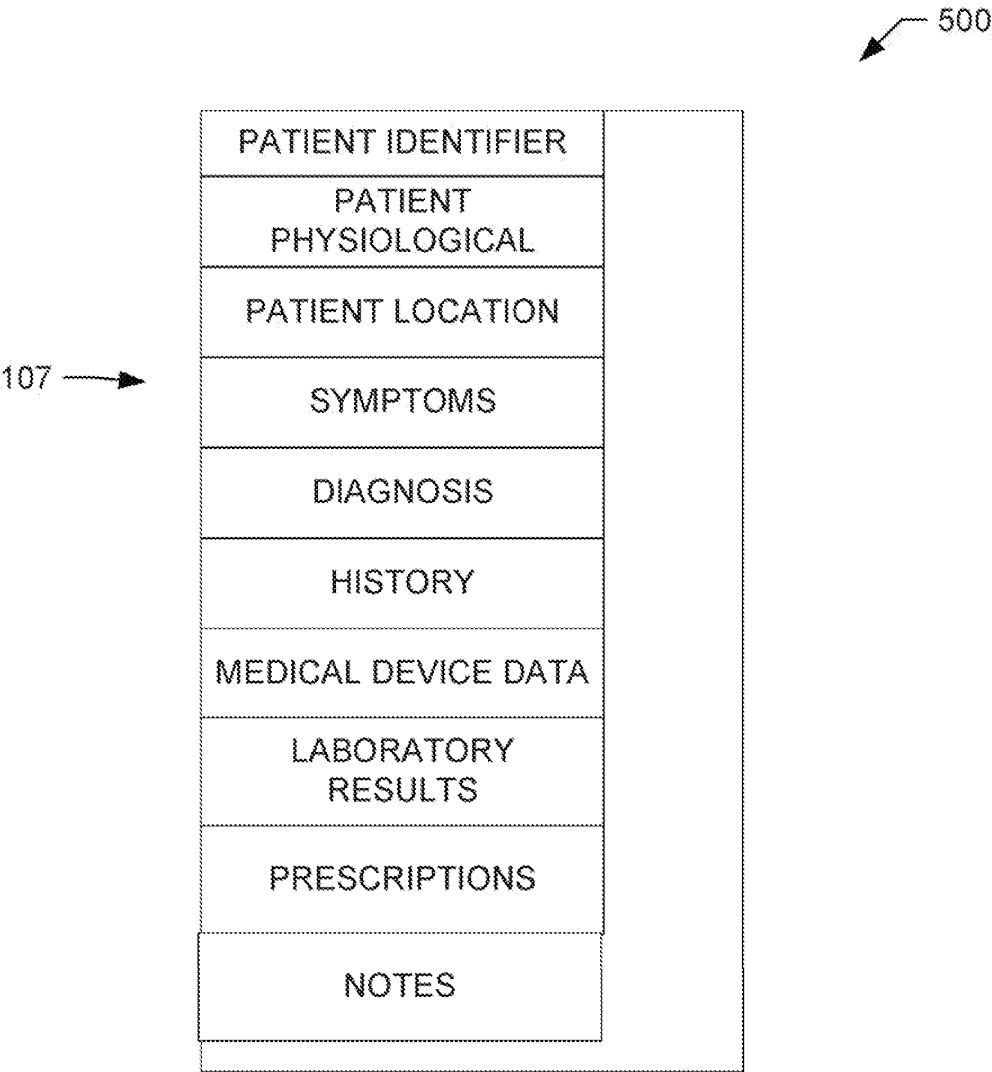


FIG. 5

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600

Influenza in Gloucester Winter	
Background	
Time and Place	
Clinical Criteria	
Any person with at least one of the following clinical forms: Influenza-like illness (ILI) • Sudden onset of symptoms AND at least one of the following four systemic symptoms: • Fever or feverishness • Malaise • Headache • Myalgia AND at least one of the following three respiratory symptoms: • Cough • Sore throat • Shortness of breath Acute respiratory infection (ARI) • Sudden onset of symptoms AND at least one of the following four respiratory symptoms: • Cough • Sore throat • Shortness of breath • Coryza AND a clinician's judgement that the illness is due to an infection	

FIG. 6

SUBSTITUTE SHEET (RULE 26)

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600

Laboratory Criteria for Diagnosis
At least one the following four: • Isolation of influenza virus from a clinical specimen • Detection of influenza virus nucleci acid in a clinical specimen • Identification of influenza virus antigen by DFA test in a clinical specimen • Influenza specific antibody response Sub typing of the influenza isolate should be performed, if possible.
Epidemiological Criteria
Primary mode of transmission Person-to-person contact
Other modes of transmission
Case Classification
POSSIBLE CASE
Any person meeting the clinical criteria (ILI or ARI)
PROBABLE CASE
Any person meeting the clinical criteria (ILI or ARI) and with an epidemiological link
CONFIRMED CASE
Any person meeting the clinical (ILI or ARI) and the laboratory criteria

FIG. 7

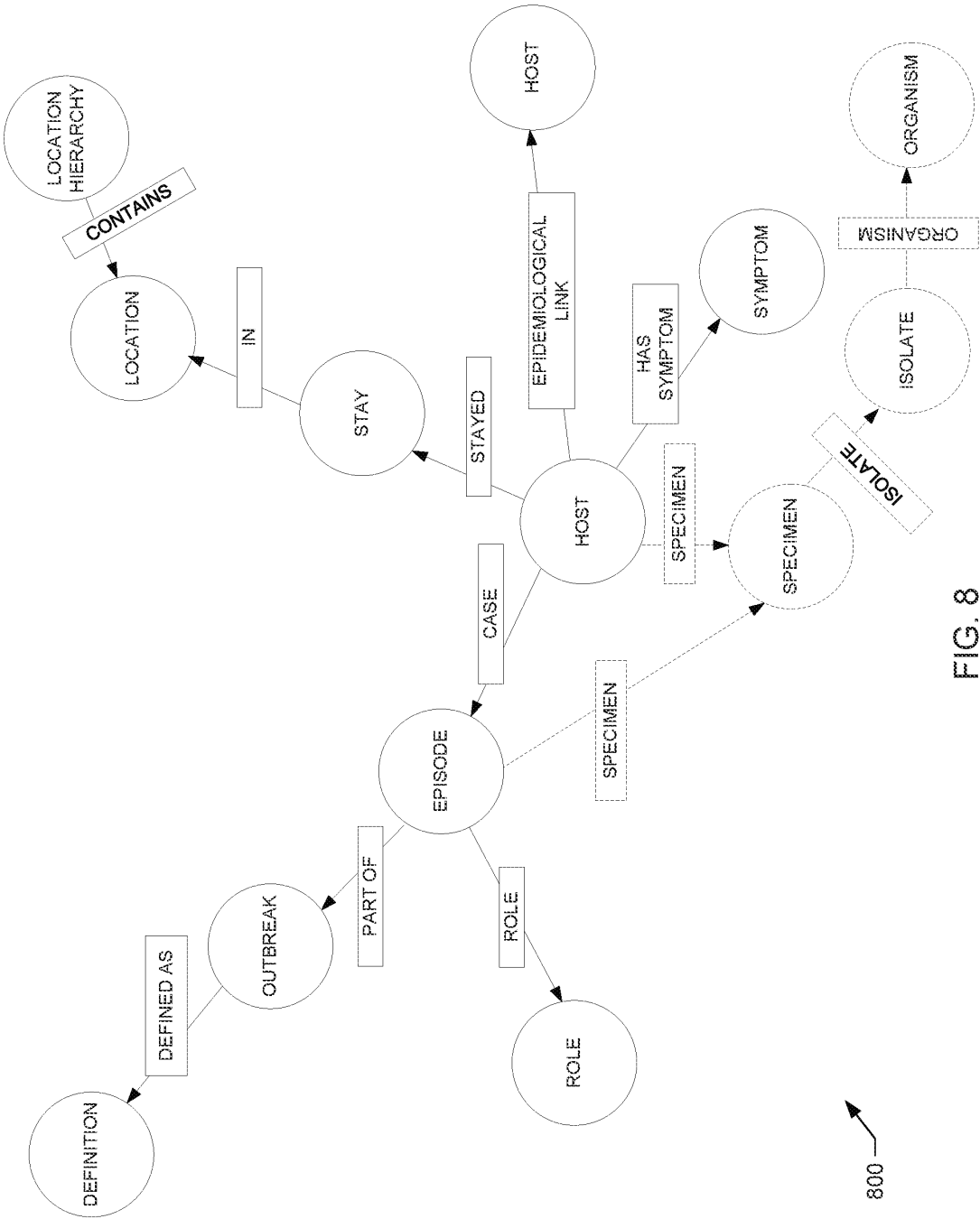


FIG. 8

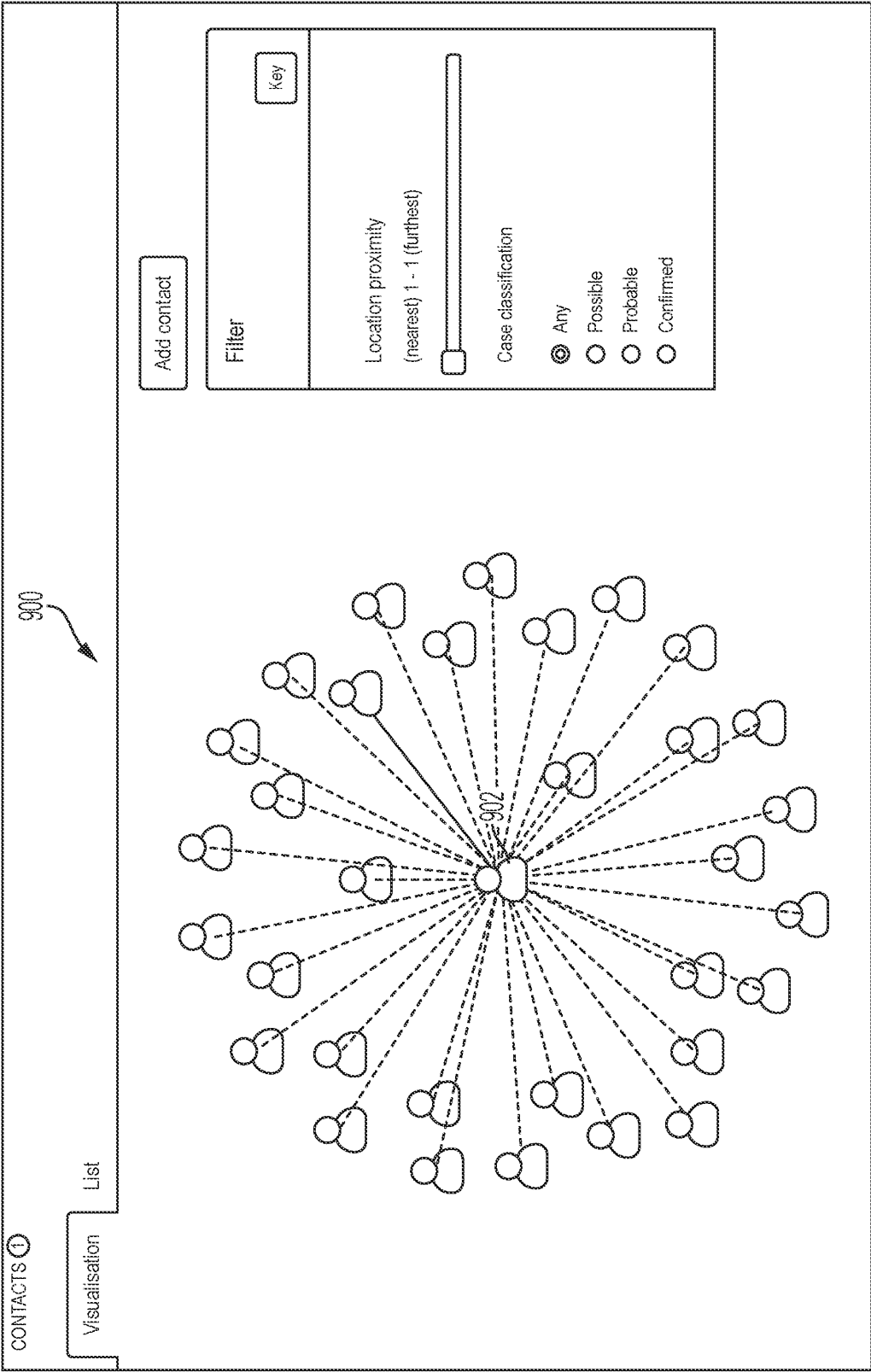


FIG. 9

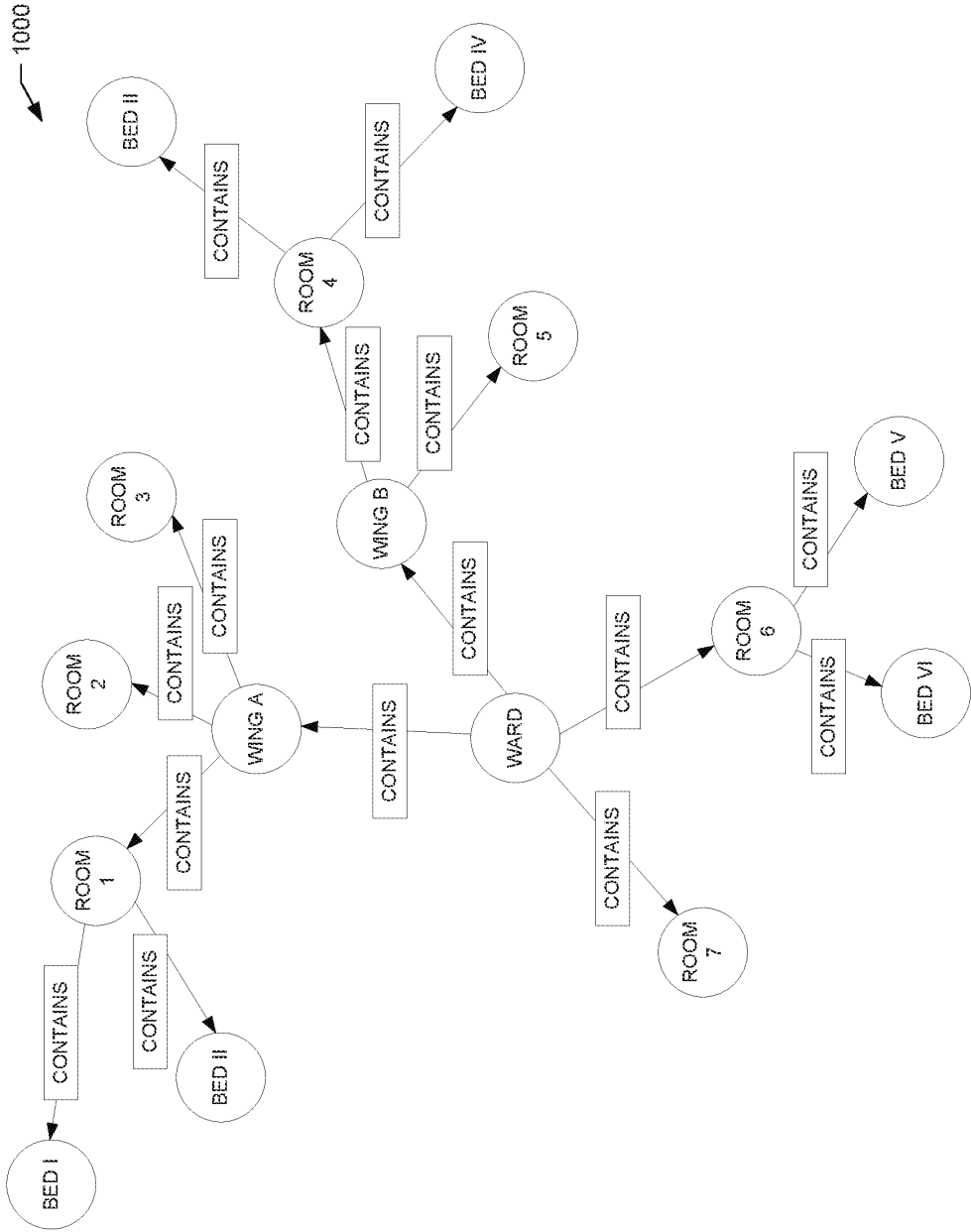


FIG. 10A

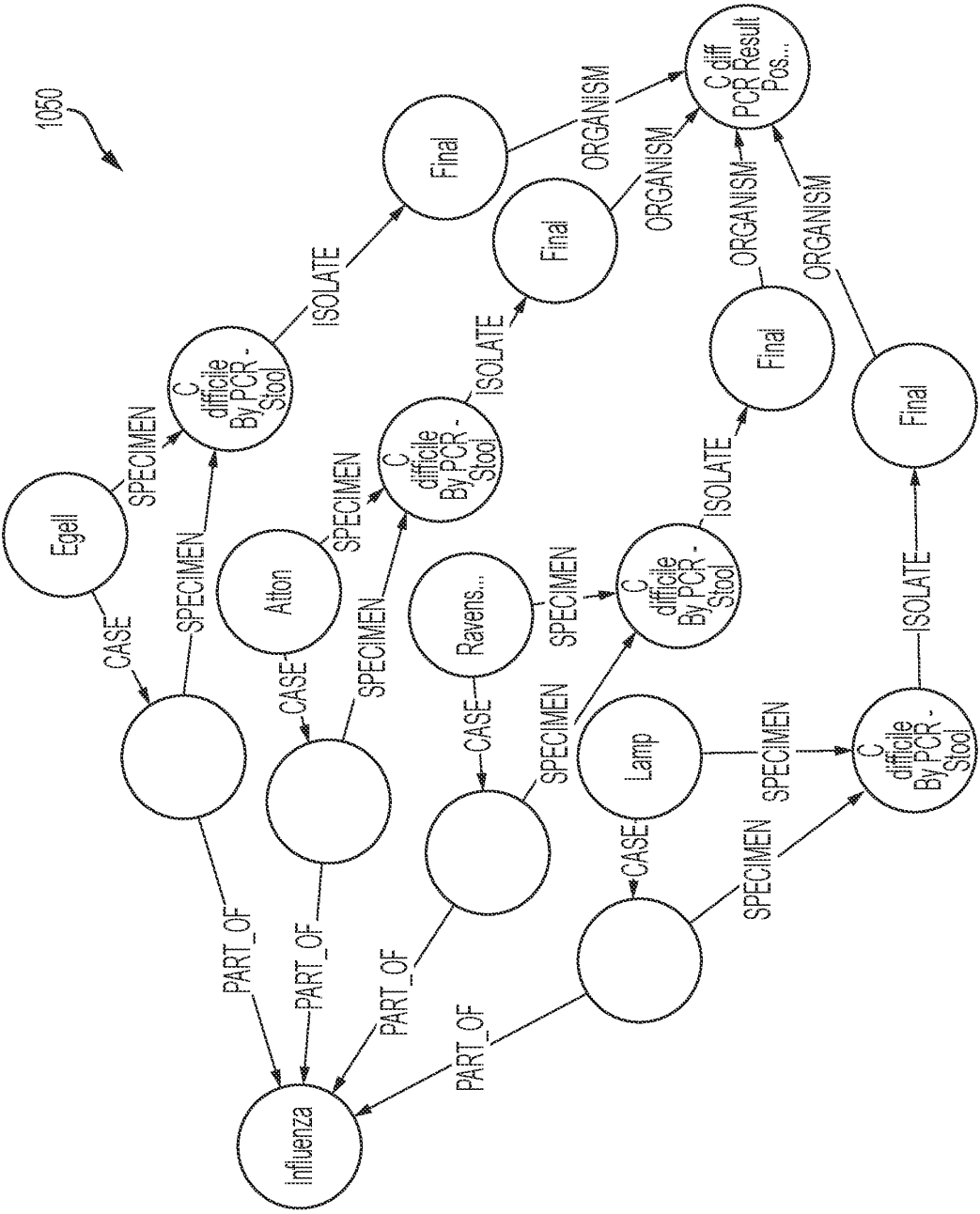


FIG. 10B

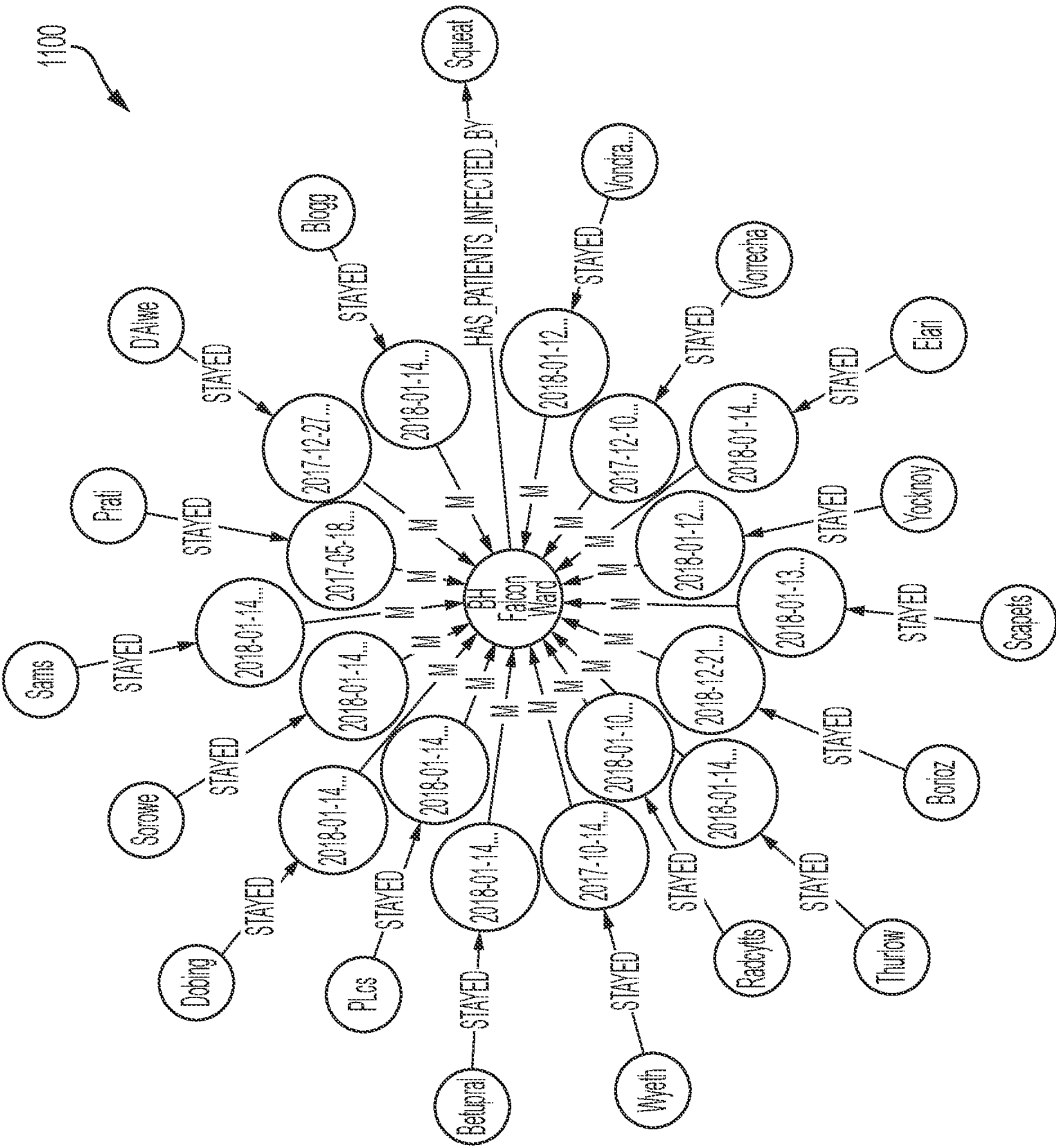


FIG. 11

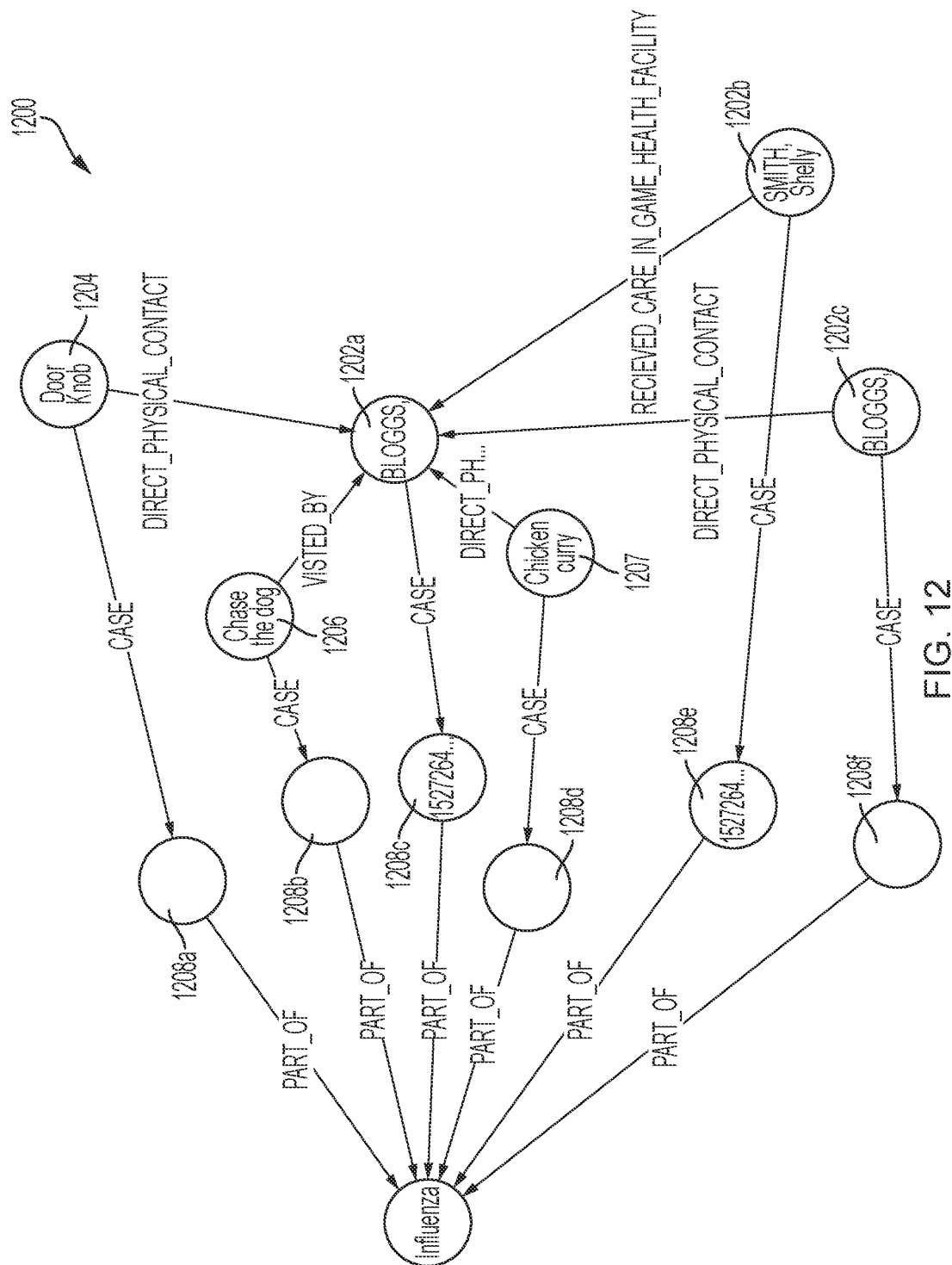


FIG. 12

1300

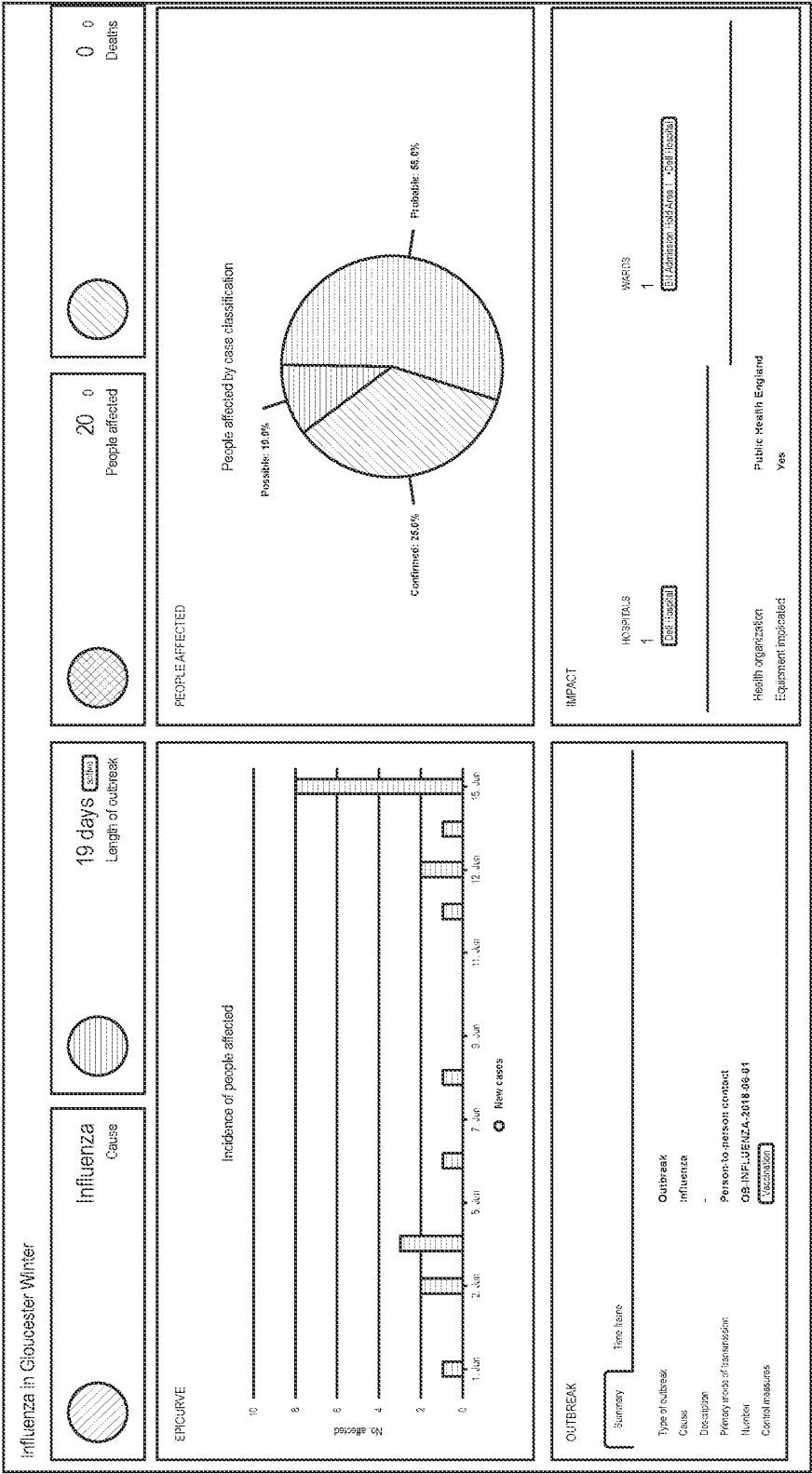


FIG. 13

1400

Influenza in Gloucester Winter												
Ward												
8th Sted Ward - Newell Hall Hospital - Group B												
Sort												
Name												
Symptom onset												
Drag to move timeline. Double-click to add/del symptoms.												
		Tue 22 January	Wed 23 January	Thur 24 January	Fri 25 January	Sat 26 January	Sun 27 January	Mon 28 January	Tue 29 January	Wed 30 January	Thurs 31 January	Fri 1 January
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1402

FIG. 14

1500

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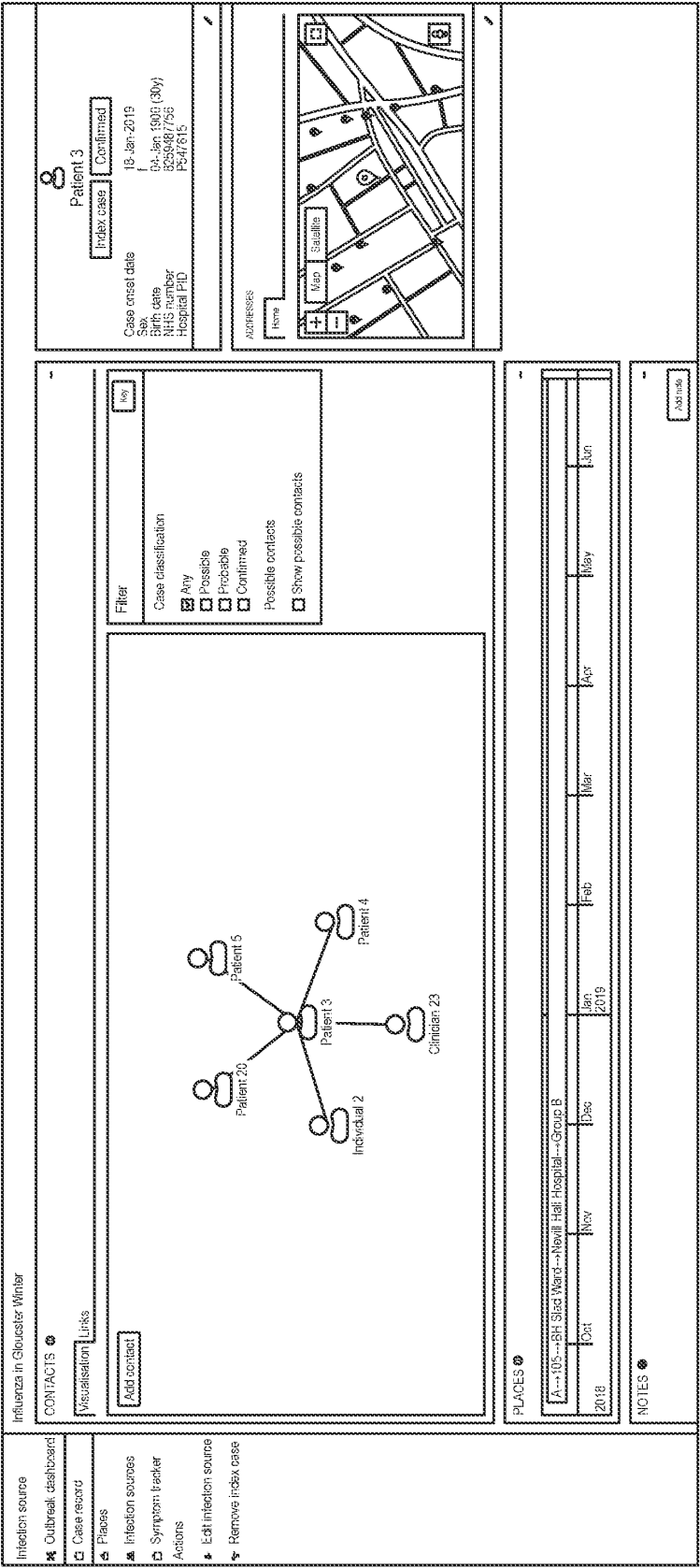


FIG. 15

1600

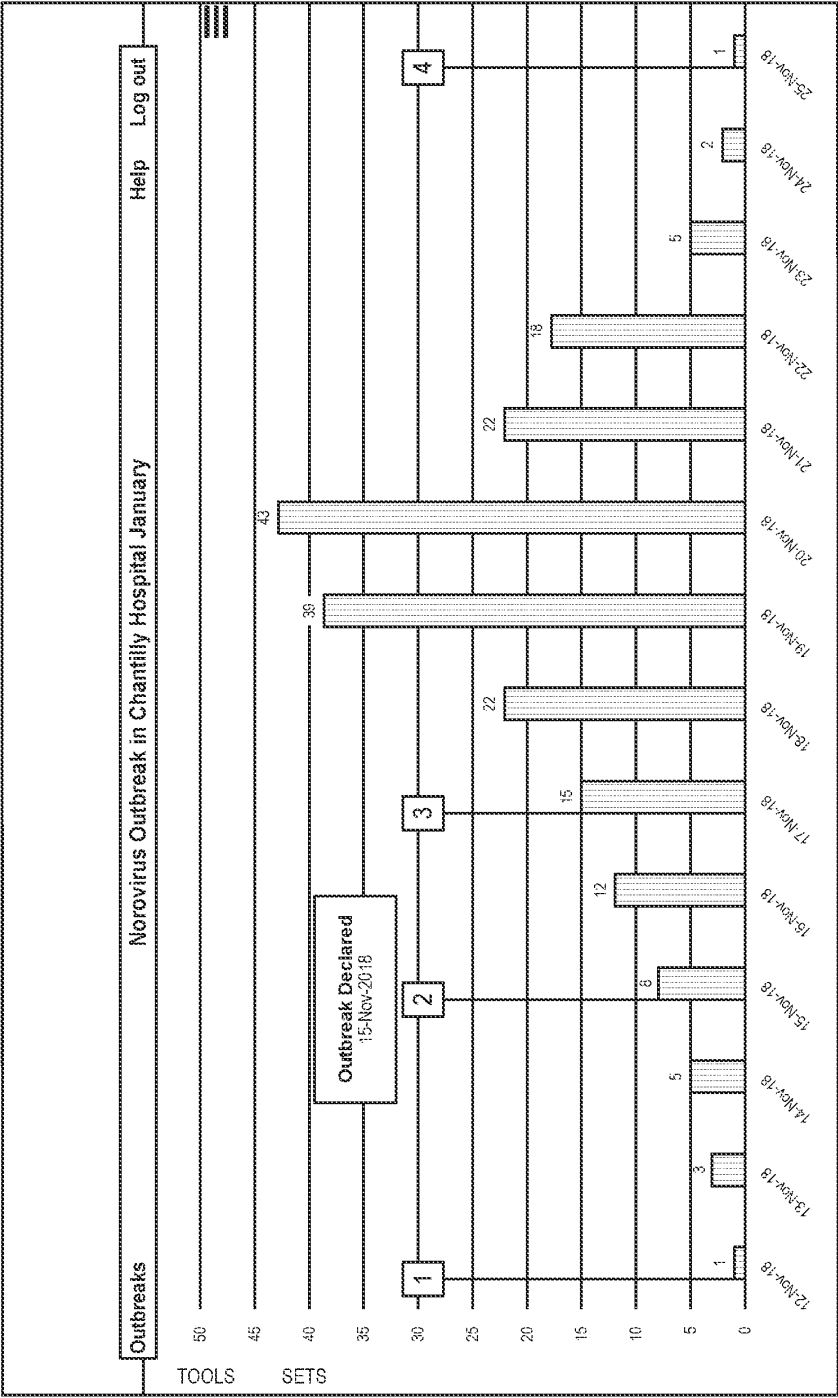


FIG. 16

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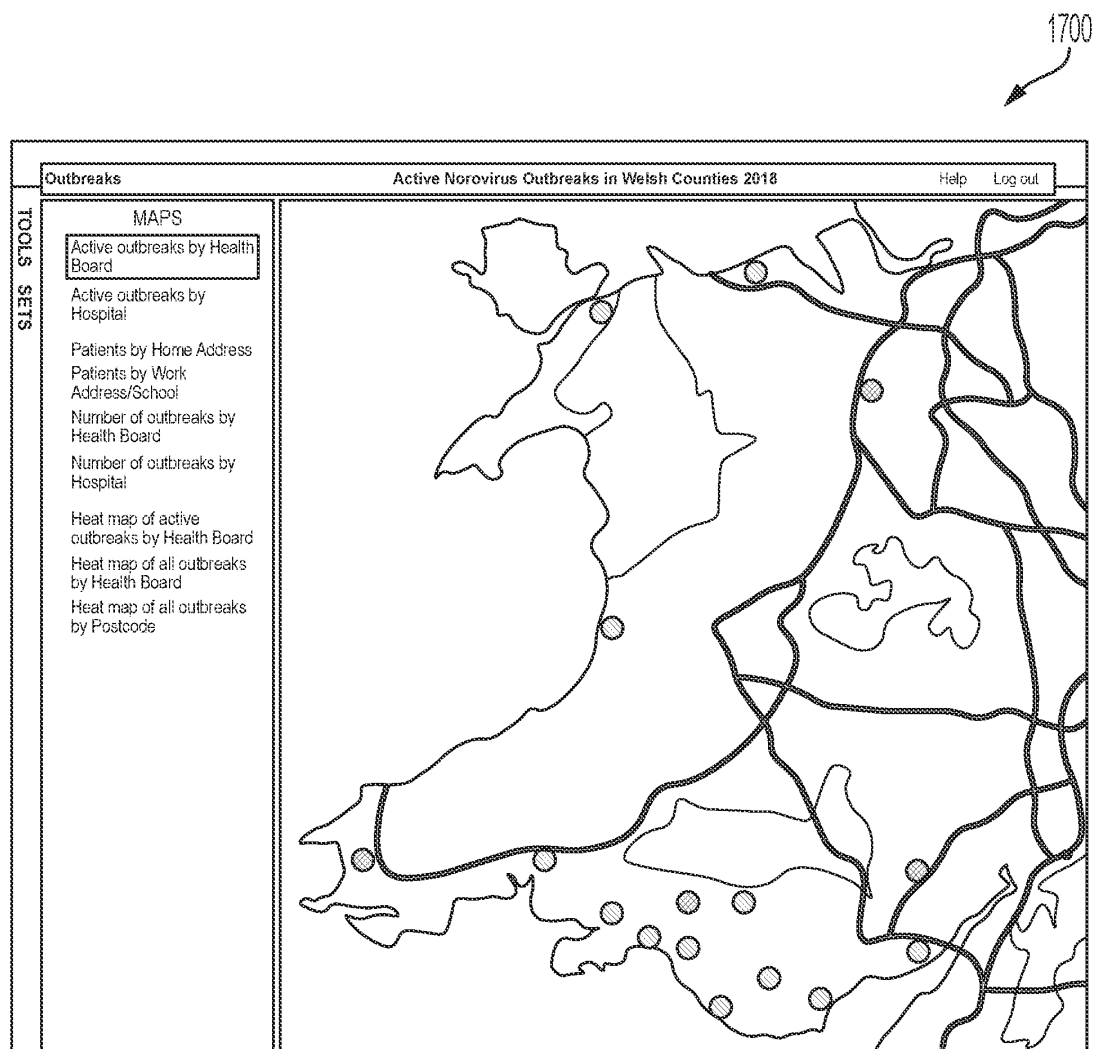


FIG. 17

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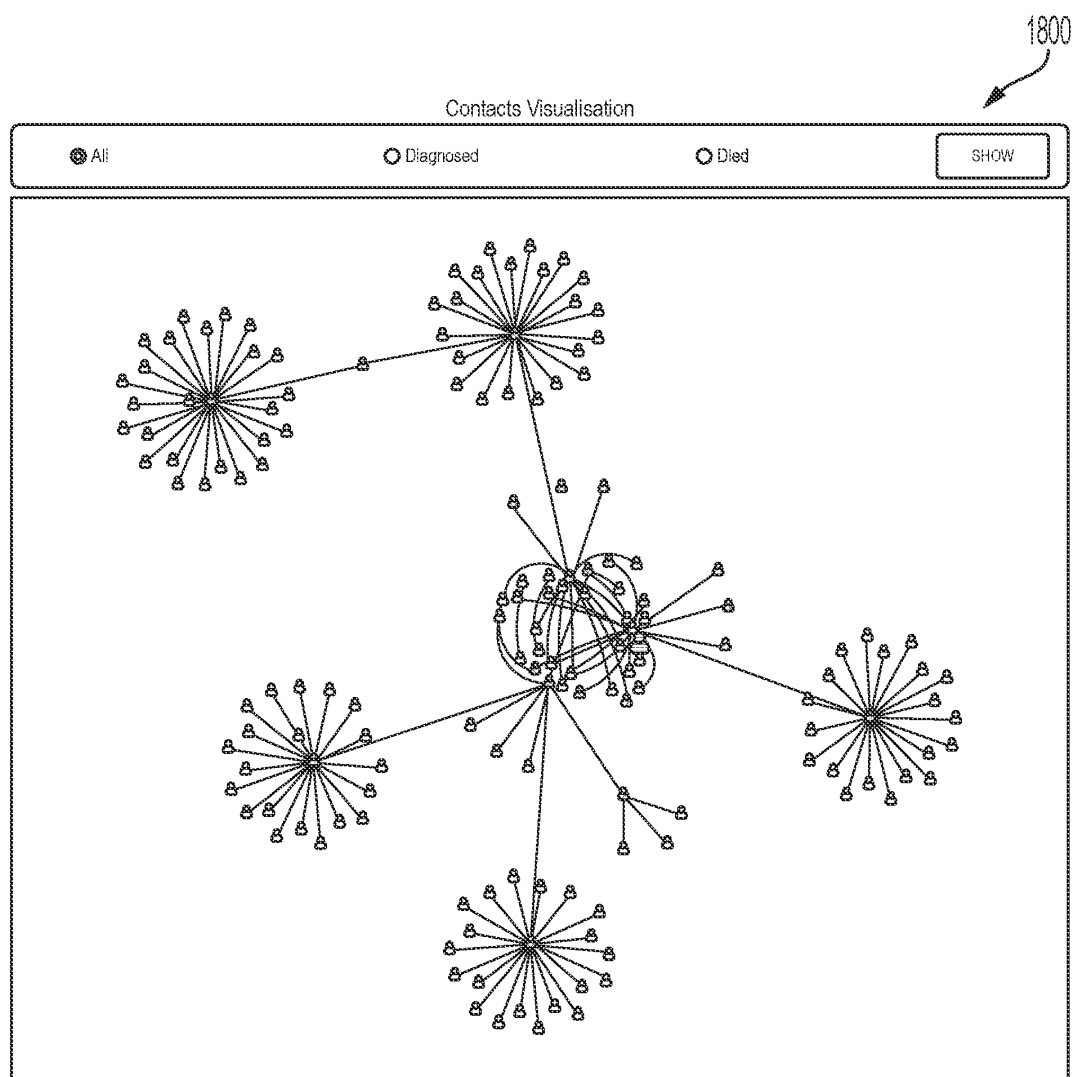


FIG. 18

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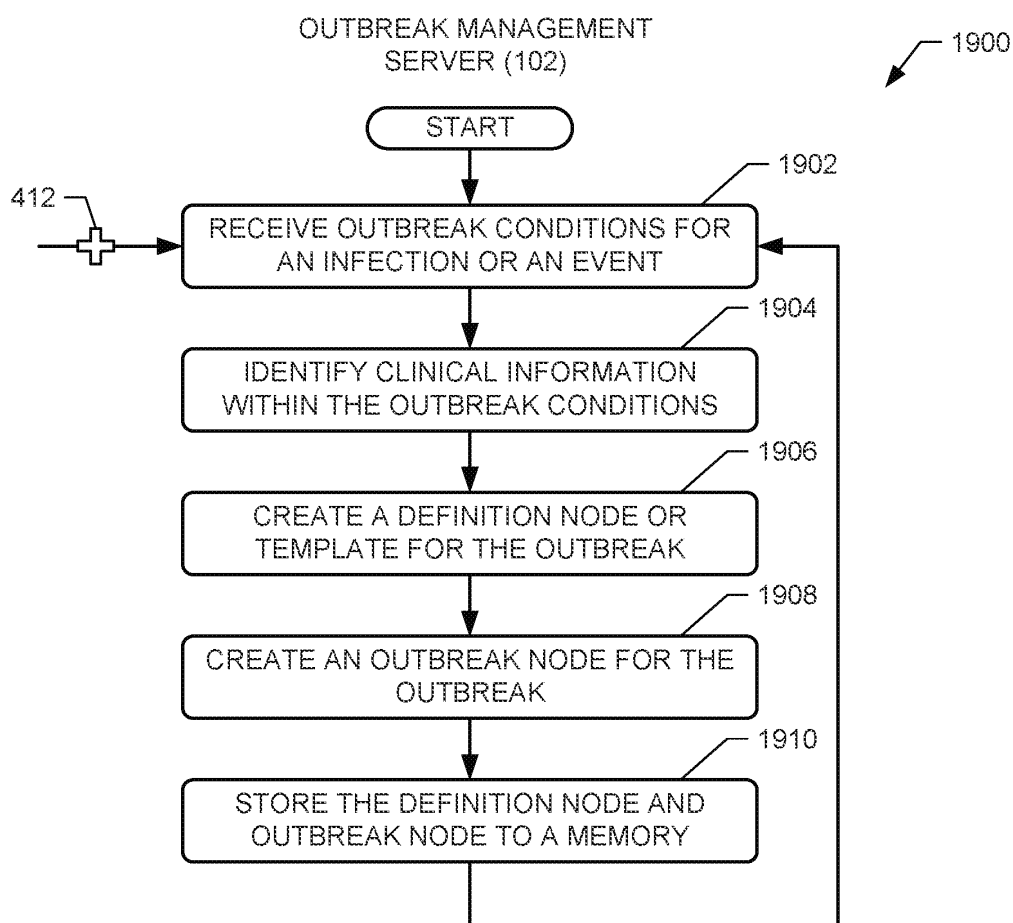


FIG. 19

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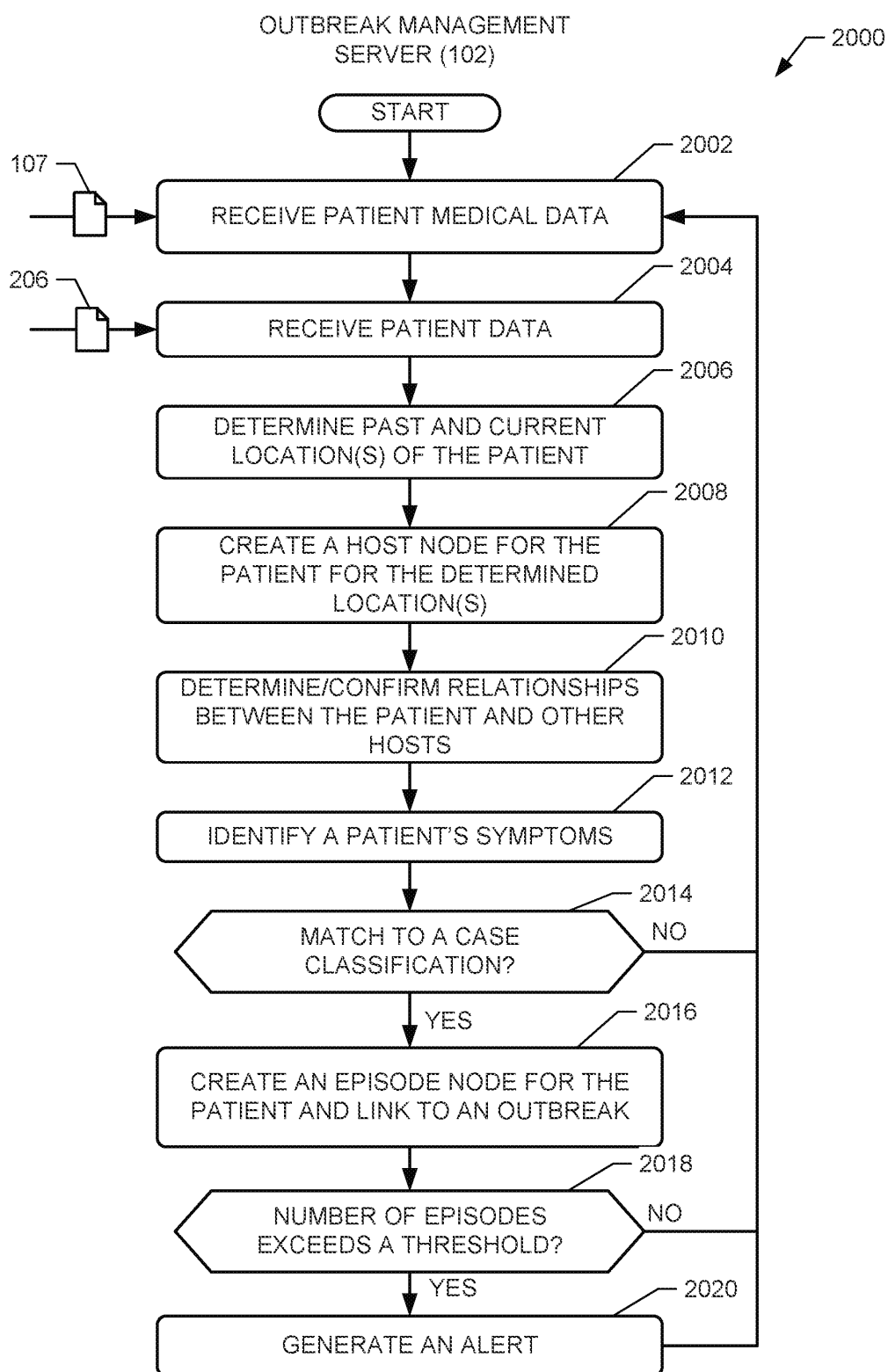


FIG. 20

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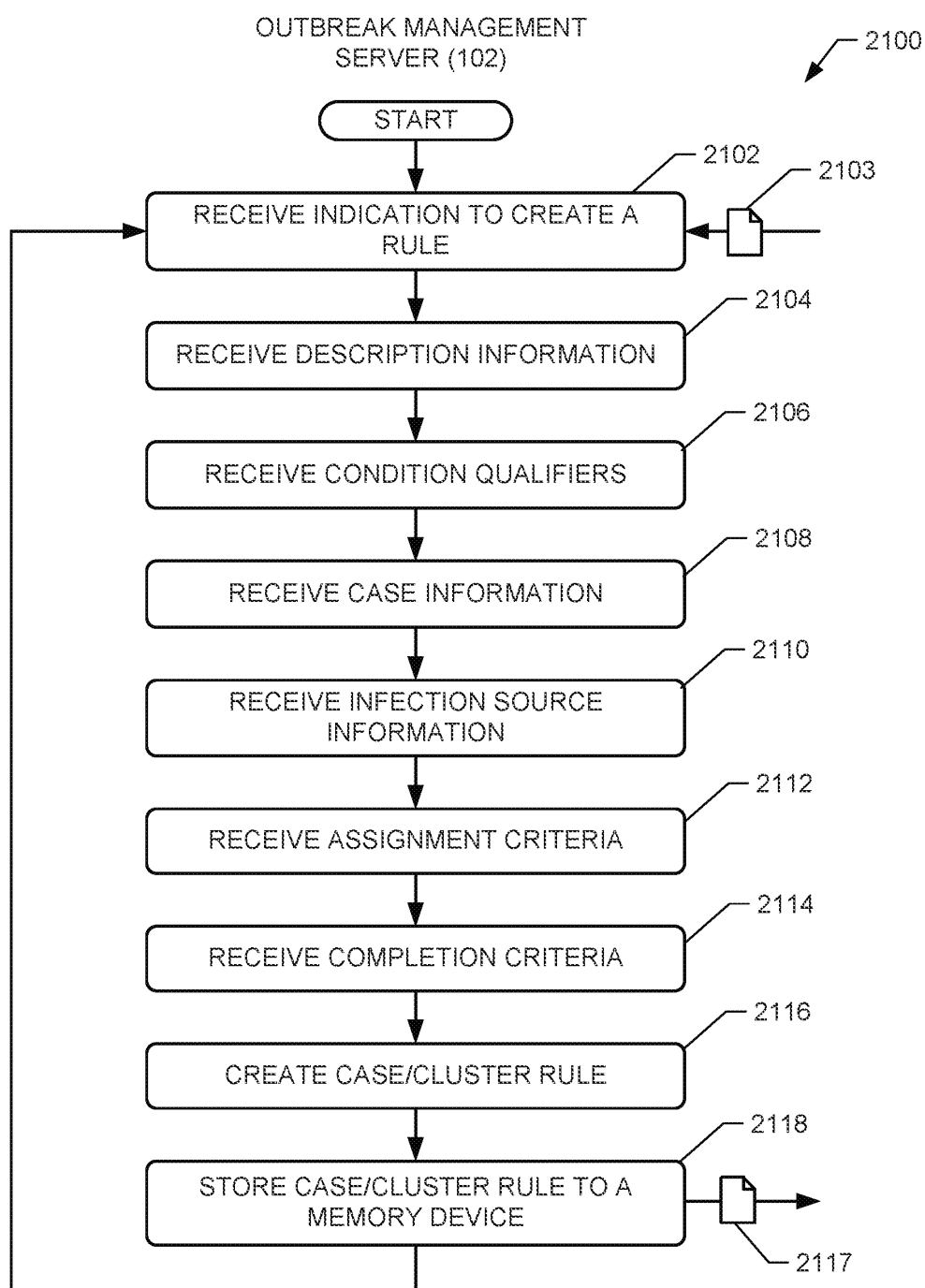


FIG. 21

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2204

2202

2103

2206

2208

2210

2212

CONDITIONS	
Notification form	
Form version	
v1	
Infectious Disease Reporting Form	
Conditions	
Name of patient	
I have Covid19	
CASE	INFECTION SOURCE
Case type	Person
Priority	Identify potential matches
Guidance	Auto-match
Notification requirements	
ASSIGN	
Teams	Round robin
Distribution	
Workflow	
COMPLETION CRITERIA	
Required fields need to be populated	false
Investigation form completed	false
Reviewed by supervisor	false

Delete case sift rule

Edit case sift rule

Name

Coronavirus

Active

✓

Matched notifications

0

Order

1 (of 2 total rules)

Description

Matches COVID-19 to known symptoms

FIG. 22

2300

Case conditions

Diseases

Brucellosis

Sex

Choose ...

Form conditions

Choose form

Registered Medical Practitioner Notification Form

Form version

v1 (20-Jan-2021)

Condition

Question

Disease, infection or contamination

Answer

Brucellosis

+ Add condition

Previous

Next

Finish

FIG. 23

2400

[illegible]

Fig. 24.

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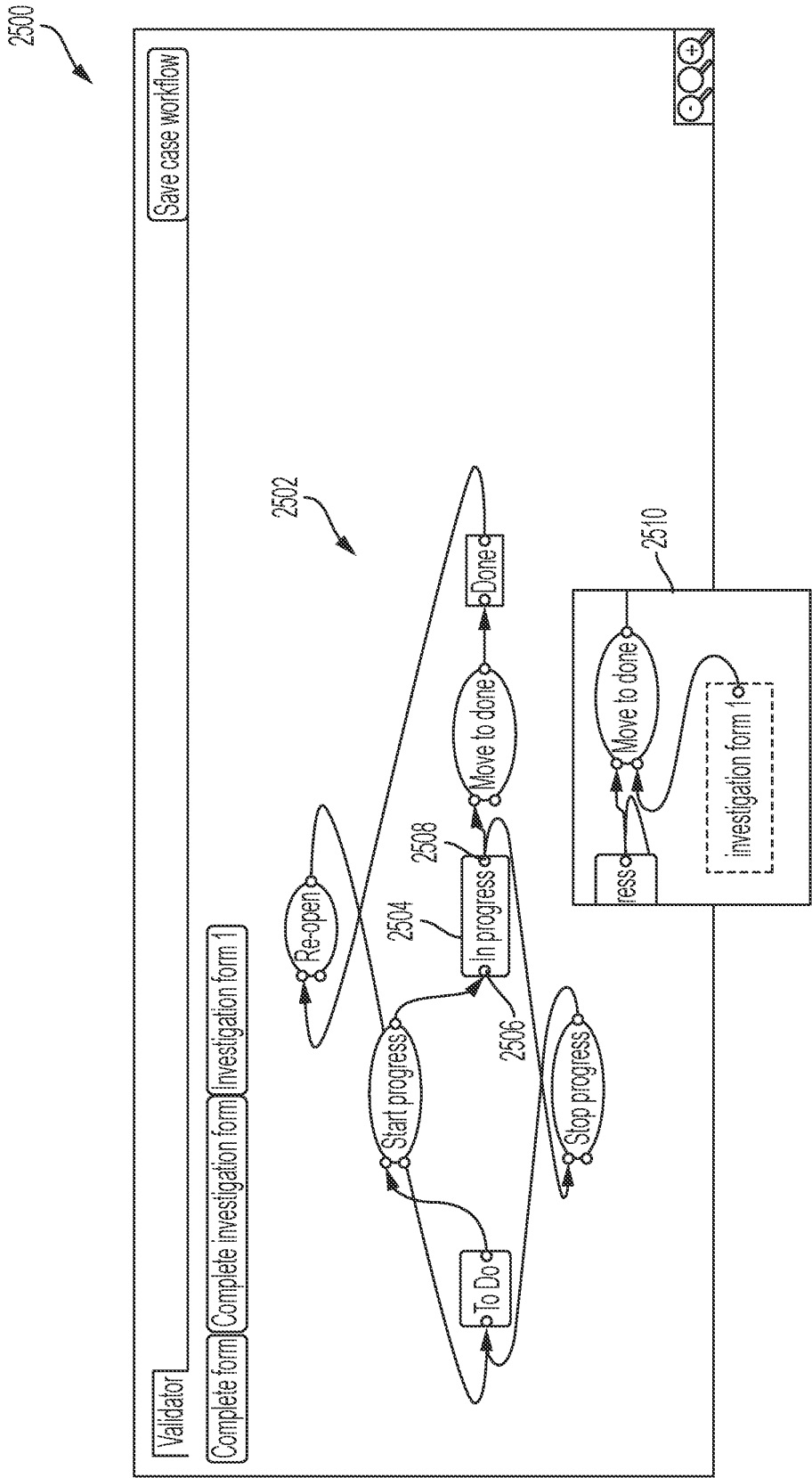


FIG. 25

2600

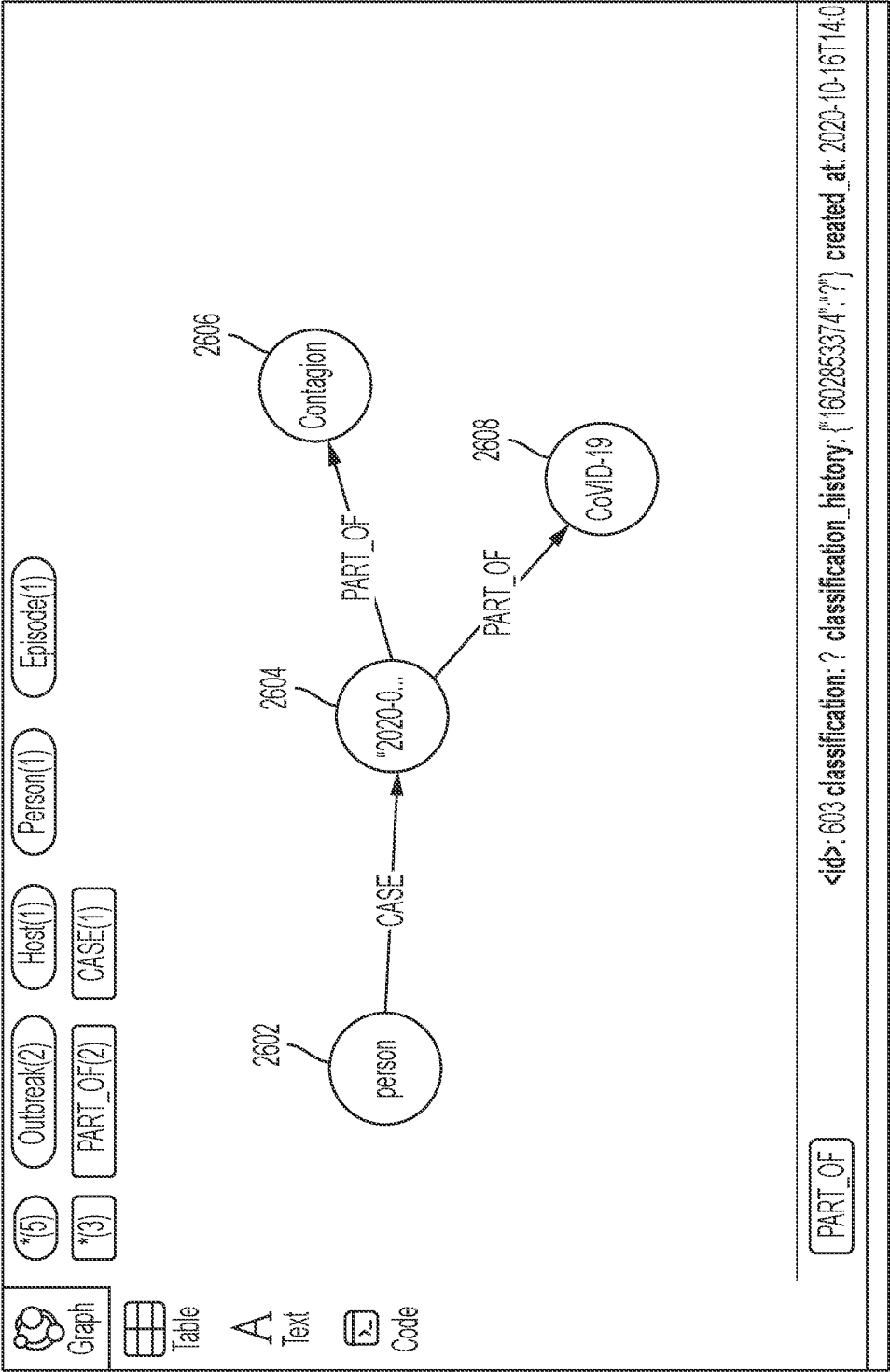


FIG. 26

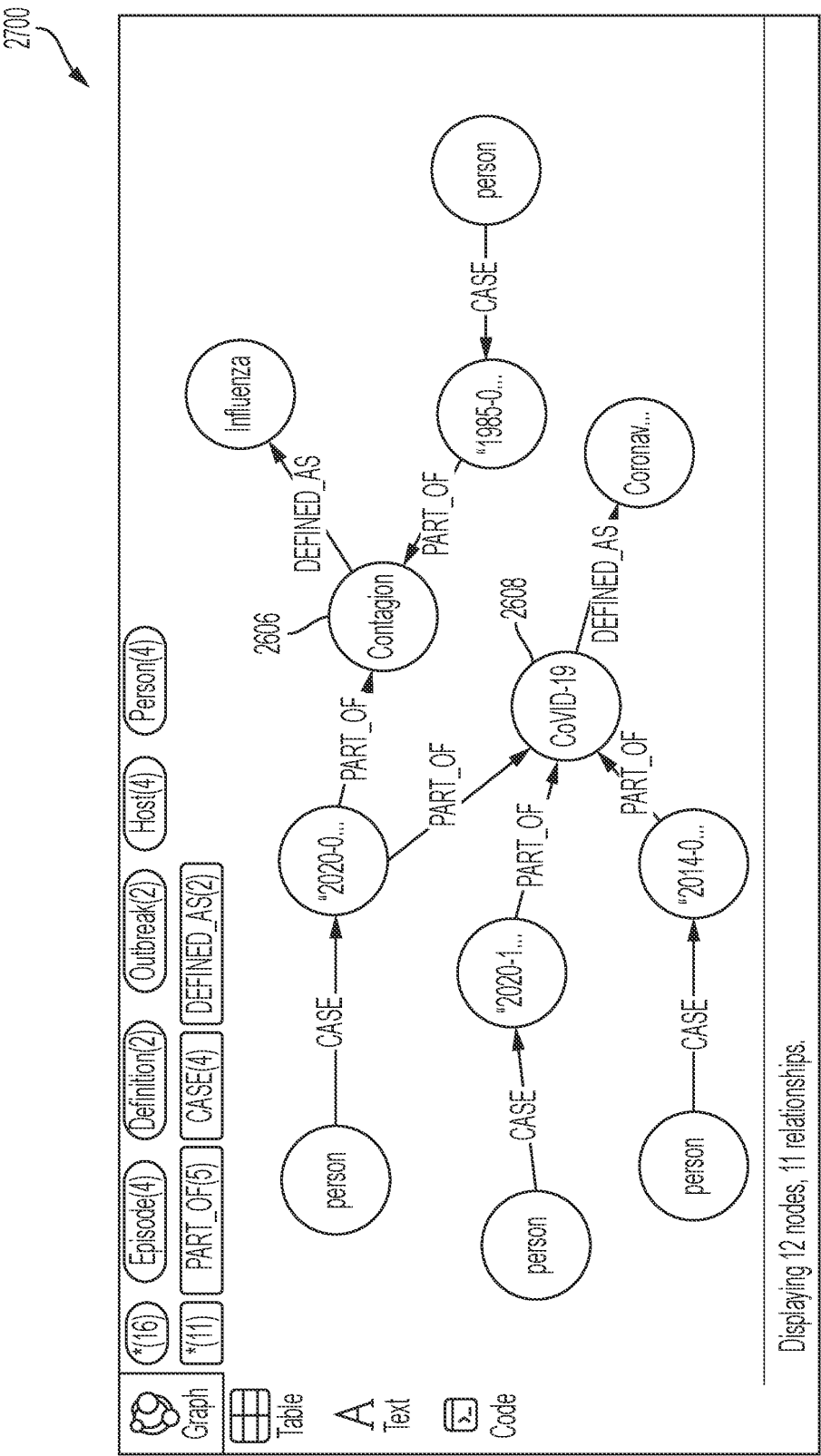


FIG. 27

2800

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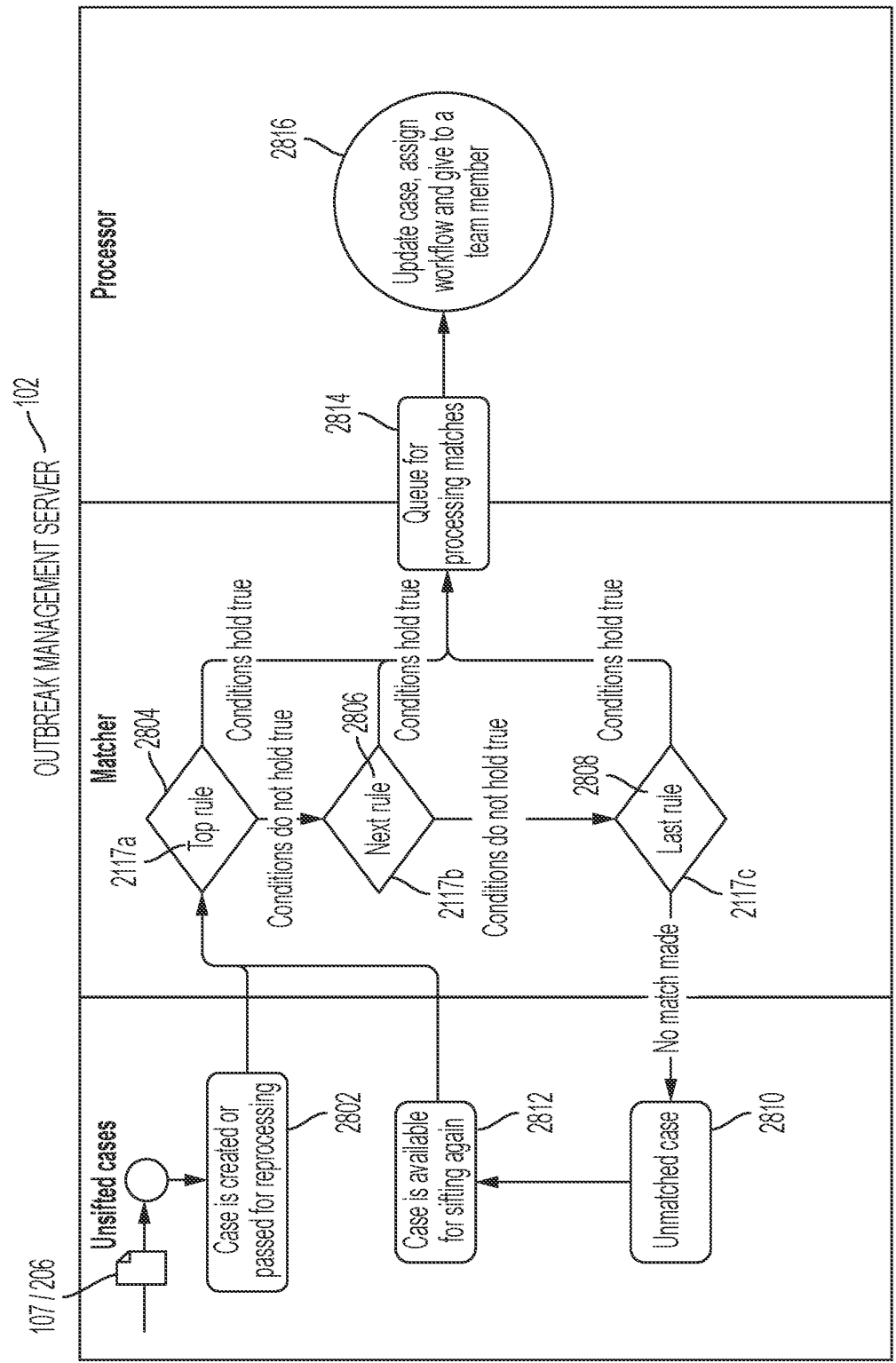


FIG. 28

2900

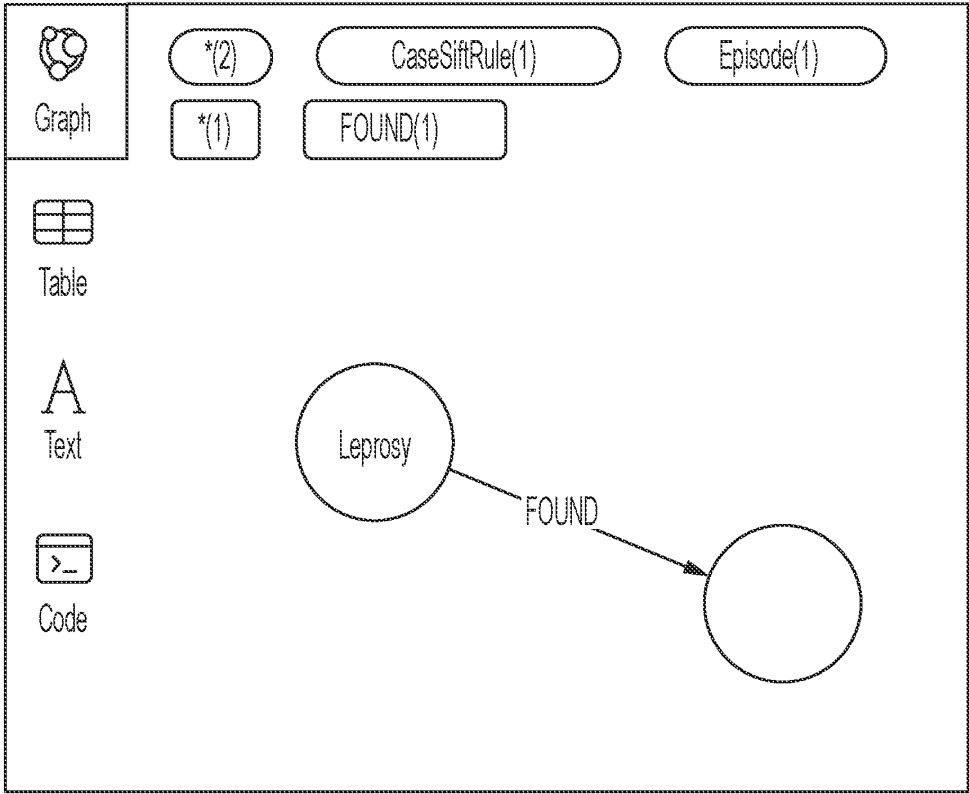


FIG. 29

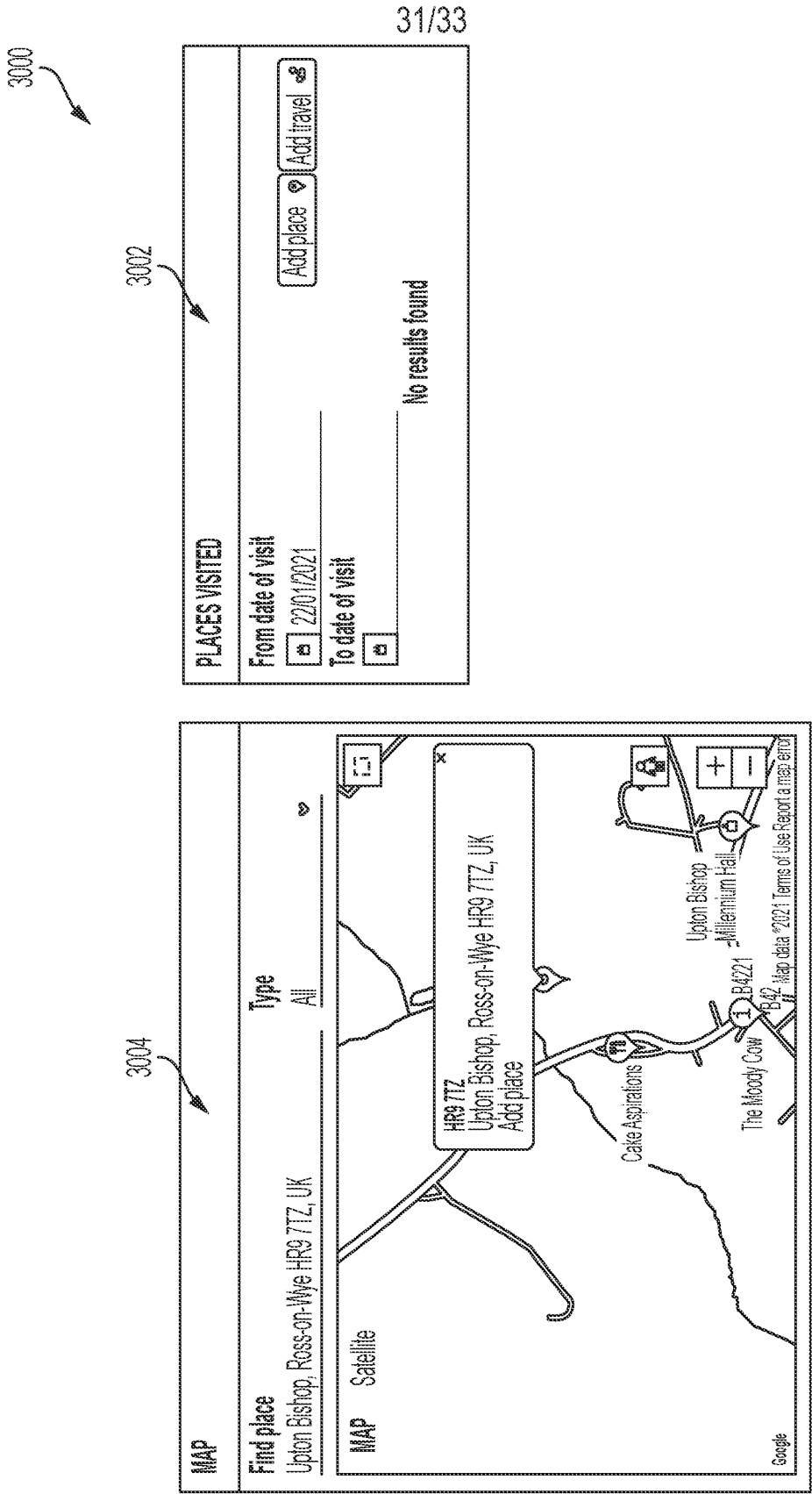


FIG. 30

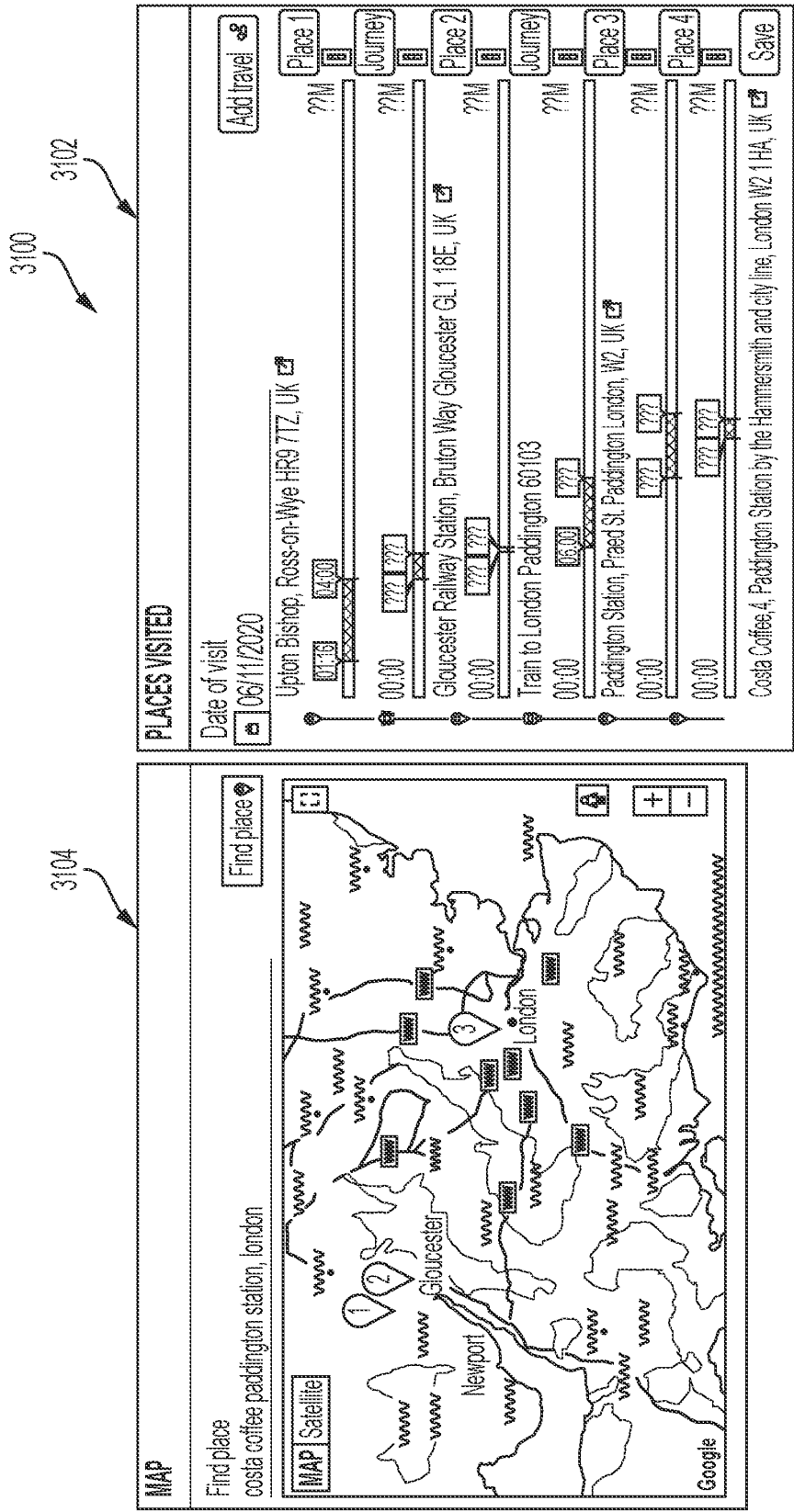


FIG. 31

3200

X

Place

Visit

Close contacts ②

No. close contacts

↓ inherit

-

2

+

Close contact

BINS, Christelle

▼

clear

Close contact

BINS, Audra

▼

clear

Save

FIG. 32