Enteric Outbreak Line Listing

This form is for use during institutional outbreaks or outbreak investigations.

Please **FAX** daily to **613-735-3067**
Tel: 613-735-8654 **After Hours Tel:** 613-735-9926

Outbreak Number: _____ Name of Facility: _____ ☐ Staff List **OR** ☐ Resident List

Date: _____ Unit/Floor: _____ Facility Contact: _____

Case Definition: _____ Phone Number: _____

Please line list each resident or staff member once only. Fax Number: _____

Case Identification				Symptoms (new onset)											Specimens				Treatment	Outcome		
Name	Room Number	Gender (Male or Female)	Date of Birth (day/month/year)	Onset Date (day/month/year)	Abnormal Temperature (°C)	Abdominal Pain	Nausea	Vomiting	Diarrhea	Bloody Diarrhea	Poor Appetite	Headaches	Chills	Other (please specify)	Nasopharyngeal(day/month)	Result – Rapid (+-)	Result – PCR/NAT (+-)	Result - Culture (+-)	Treatment (Specify)	Resolved(day/month)	Hospitalization (day/month)	Death (day/month)

For an electronic copy, contact Renfrew County and District Health Unit.

Adapted from: "A Guide of Control of Respiratory Disease Outbreaks in Long-Term Care Homes, September 2014."
Personal information on this form is collected under the authority of the Health Protection Act, S.O. 1983, C. 10 as amended and in accordance with MFIPPA and will be used for assessment, management, treatment and reporting purposes.
Questions about this collection should be addressed to the Renfrew County and District Health Unit, 7 International Dr. Pembroke, ON K8A 6W5, 613-732-3629 or 1-800-267-1097.