



## Enteric Outbreak Line Listing

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

Please FAX daily to **613-735-3067**  
 Tel: 613-732-3629 After Hours Tel: 613-735-9926

<b>Facility:</b>	<b>Outbreak Number: 2257-</b>	<b>Unit/ Floor:</b>	<b>Facility Contact:</b>
<b>Date Declared:</b> <small>(YYYY/MM/DD)</small>	<b>Outbreak Definition:</b>		<b>Contact Phone Number:</b>

Please line list each resident or staff member once only.

Staff List **OR**  Resident List

Case Identification		Symptoms									Stool Specimen		Treatment	Outcome				
This information is being collected under the authority of the Health Protection and Promotion Act, R.S. O. 1990, c.H.7 for the purpose of outbreak investigation, monitoring, management, and follow-up; infectious disease surveillance; public health administration and the provision of statistical data to the Ministry of Health and Long-Term Care information will be retained, used, disclosed, and disposed of in accordance with the Personal Health Information Protection Act, 2004, C.3.		Onset Date of First Symptom (month/day)	Diarrhea			Vomiting		Nausea	Abdominal Pain/Cramps	Fever °C	Other (specify)	Date Collected (month/day)	Results Organism Detected	Treatment Specify	Resolved mon/day	ER Visit Only	Hospitalization location (month/day)	Death (month/day)
			Loose/watery	Bloody	Frequency in 24hrs	Vomiting	Frequency in 24hrs											
Name:	Room:																	
	DOB:																	
Name:	Room:																	
	DOB:																	
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Name:	Room:																	
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