

ENTERIC OUTBREAK LINE LISTING

FAX DAILY BY NOON: 855-934-5463

Date Reported: _____

Name of Facility: _____

Resident Line Listing OR

Outbreak # 2266 – 20____ - _____

Unit/Floor: _____

Staff Line Listing

A case is defined as any resident/staff with at least one of the following within a 24-hour period:

- Two (2) or more episodes of unexplained loose/watery bowel movements
- Two (2) or more episodes of vomiting
- One (1) episode of unexplained loose/watery bowel movements and one (1) episode of vomiting

Case Identification						Symptoms									Lab Tests/Results			Outcome			
Case Number	Name	Gender: M F	Date of Birth (mm/dd/yyyy)	Room #	Staff Last Day Worked (mm/dd)	Onset Date (mm/dd)	Diarrhea	Bloody Diarrhea	Abdominal pain/Cramps	Vomiting	Nausea	Abnormal Temperature (°C)	Headache	Other (Please Specify)	Stool Sample Collected (mm/dd)	Result (mm/dd)	Organism Identified	Resolved (mm/dd)	Admitted to Hospital (mm/dd)	Death (m m/dd)	
	Name _____																				
	Name _____																				
	Name _____																				
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	Name _____																				
	Name _____																				

For additional information please refer to *Control of Gastroenteritis Outbreaks in Long-Term Care Homes (Ministry of Health and Long-Term Care, October 2013)*



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