

GASTROENTERITIS OUTBREAK LINE LISTING (RESIDENT/PATIENT CASES)

Outbreak Number: 2253 – _____ – _____ Date Outbreak Declared: _____ Public Health Investigator: _____ Phone: _____
 Name of Facility: _____ Facility ICP Contact: _____ Phone/Ext: _____ Fax: _____
 Unit/Floor: _____ Causative Agent: _____ Case Definition: _____

Case Definition				Symptoms (new onset)						Precautions/Isolation			Specimens/Diagnostic		Outcomes		
Initials only (last name, first name)	D.O.B. (y/m/d)	Gender	Room #	Onset Date (y/m/d)	Nausea	Vomiting	Diarrhea	Abdominal pain or tenderness	Other (specify)	Start Date of Precautions & Isolation (m/d)	Date symptoms resolved (m/d)	End Date of Precautions & Isolation (m/d)	Date Stool Specimen Collected (m/d)	Result (+/-)	Date of Hospital Admission (m/d)	Date of Hospital Discharge (m/d)	Death (m/d)

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.

Please review and fax line list daily to 905-565-6178 by 12:00 pm

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Terms	Definitions
Outbreak Number	Number provided by Public Health that is unique to the outbreak
Date Outbreak Declared	Date outbreak is declared by Public Health
Public Health Investigator	Main contact as assigned by Public Health
Phone/Ext	Public Health contact phone number/extension
Name of Facility	Facility in outbreak
Facility ICP Contact	Infection Control Practitioner for facility and contact for outbreak
Phone	Phone number for ICP in facility
Fax	Fax number for the outbreak facility
Unit/Floor	Location where outbreak has been declared
Causative Agent	Lab confirmed organism, if applicable
Case Definition	Criteria of symptoms, geographic location and timeframe that identifies who is a case and goes on the line list
Case Definition	
Initials only	Case initials (last name, first name)
D.O.B.	Date of Birth (year/month/day)
Gender	Male or female
Room #	Case room number
Symptoms (new onset)	
Onset Date (y/m/d)	Date first symptom identified (year/month/day)
Nausea	Reported feeling of nausea
Vomiting	Indication of vomiting
Diarrhea	Indication of watery/loose stool
Abdominal Pain/Tenderness	Indication of abdominal pain/tenderness
Other	Any other identified new symptom
Precautions/Isolation	
Start Date of Precautions / Isolation (m/d)	Date case has been identified as being on additional precautions (month/day)
Date symptoms resolved (m/d)	First day symptoms are no longer present (month/day)
End Date of Precautions/ Isolation (m/d)	Date where case is identified as no longer being on additional precautions
Specimens/Diagnostic	
Date Stool Specimen Collected (m/d)	Date sample was collected from case (month/day)
Result	Results received from lab
Outcomes	
Date of Hospital Admission (m/d)	Date case was admitted to hospital (month/day)
Date of Hospital Discharge (m/d)	Date case was released from hospital (month/day)
Death (m/d)	Date case died (month/day)