

GASTROENTERITIS OUTBREAK LINE LISTING (STAFF 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)						Outcomes			
Initials Only (last name, first name)	Work Location: Dept/Unit/Floor	Last Day Worked (y/m/d)	Works at Other Home (yes/no)	Onset Date (y/m/d)	Nausea	Vomiting	Diarrhea	Abdominal Pain/ Tenderness	Other (specify)	Date Symptoms Resolved (m/d)	Date Returned to Work (m/d)	Hospitalization (yes/no)	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	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 facility in outbreak
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)
Work Location: Dept/Unit/Floor	Indicate staff work location
Last Day Worked (y/m/d)	Last day staff case was working in the facility (year/month/day)
Works at Other Home (yes/no)	Indicate if staff case works at another facility
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	
Date Symptoms Resolved (m/d)	First day symptoms are no longer present (month/day)
Hospitalization (yes/no)	Indicate if staff case was hospitalized due to illness
Date Returned to Work (m/d)	Date staff case returned to work at outbreak facility (month/day)
Death (m/d)	Date staff died (month/day)