ENTERIC OUTBREAK LINE LIST
RESIDENTS

Outbreak Reported Date	Control Measures Started Date	Symptom Onset Date of Index Case	OUTBREAK #

Outbreak Facility & Affected Area	Health Unit Contact Information
	Elgin St. Thomas ☐ **Phone 519-631-9900/Fax 519-631-1682 (Mon-Fri 8:30 am – 4:30 pm)** ☐ **After-hours: Phone 519-631-9900 ext. 0** **Woodstock** ☐ **Phone 519-421-9901/Fax 519-539-6206 (Mon-Fri 8:30 am – 4:30 pm)** ☐ **After-hours: Phone 519-421-9901 press '0'** **Investigator Name and Extension:**

Case # (sequentially)	Meets Case Definition (Y/N)	Case Demographics			Symptoms (new or unusual and number of episodes)										Specimens/ Diagnostics				Other Important Considerations				Complications/ Outcome				Notes
		Name (first, last)	Age/ DOB	Unit/Room #	**Symptom onset date (m/d)**	Abnormal Temperature (°C)	Abdominal cramps	Decreased appetite	Diarrhea	Headache	Malaise	Nausea	Vomiting	Other (please specify)	Stool sample (Y/N)	Date collected (m/d)	Result date (m/d)	Other, specify (m/d)	Special Diet/Recent Diet Changes (m/d)	Laxative use, date last given (m/d)	Medication change (m/d)	Other, specify	Hospitalization (Y/N)	Death, cause of death (m/d)	Recovered (m/d)	**Out of Isolation (m/d)**	

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