

## Filling in an enteric outbreak line list: Camp Staff

- There are two line lists; one for campers and one for camp staff. Campers and staff need to be recorded on separate line lists.
- It is important to complete name of camp, outbreak number, and date declared on each sheet submitted to ensure they are not mixed in with other outbreaks.

Important outbreak management indicator

Outbreak number provided by Health Unit once outbreak declared.

Date stool specimen was collected

Remains consistent throughout outbreak

Date symptoms resolve.

Staff member should be excluded from work for 48 hours after symptoms resolve.


Number sequentially. Do not change or re-assign numbers without consulting SMDHU investigator

Earliest onset date for all symptoms. Include time (a.m./p.m.) if possible.

Eg. Vomited twice

Tick or indicate all that are appropriate.

Indicate test results done by own physician.



**ENTERIC ILLNESS LINE LISTING FORM**  
**CAMP STAFF**

Name of Camp: Camp Riverdale      Outbreak Number: 2260      Date outbreak declared:      Fax completed form to CD Team at: (705) 733-7738

Case Identification			Symptoms										Specimen & Diagnostics		Comments						
Case # (sequentially)	Name (LAST NAME, first name) and Position (i.e. foodhandler, counsellor, CIT, activity lead)	Gender (M/F)	Date of Birth (yyyy/mm/dd)	Cabin Name or #	Onset date of first symptom (yy/mm/dd)	Fever	Vomiting	Nausea	Cramps	Watery diarrhea	Bloody diarrhea	Loose stools	Decreased appetite	Chills	Other - please specify	Private lab tests, name of family physician	P.H.L. "Enteric kit" used (yy/mm/dd)	Hospitalized	Relevant Information (Treatment, excursion planned, recent canoe trip, recent day off etc.)	Date resolved (yy/mm/dd)	Return to work date (yy/mm/dd)
1	LODGE, Veronica Counsellor	F	1985/10/25	Cabin 12	07/07/20 a.m.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			07/07/21	<input checked="" type="checkbox"/>	Returned from canoe trip 07/07/18	07/07/21 p.m.	07/07/23 p.m.

This information is collected under Section 5 of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7. The personal health information collected in this form will be used only for outbreak management and to provide statistical data to the Ontario Ministry of Health and Long Term Care. Questions regarding the collection and use of personal health information should be directed to the Associate Director of Corporate Services, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, telephone (705) 721-7520.