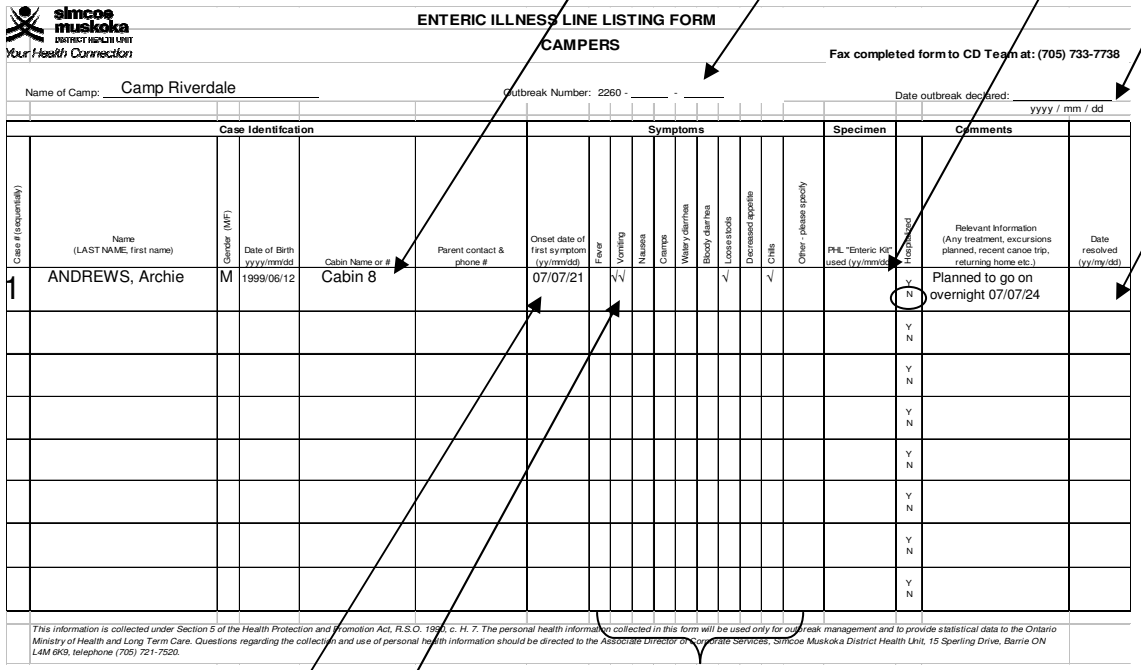
Filling in an enteric outbreak line list: Campers

- 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.



simcoe muskoka DISTRICT HEALTH UNIT
Your Health Connection

ENTERIC ILLNESS LINE LISTING FORM
CAMPERS

Fax completed form to CD Team at: (705) 733-7738

Name of Camp: Camp Riverdale

Outbreak Number: 2260 - ____ - ____

Date outbreak declared: _____ yyyy / mm / dd

Case Identifcation						Symptoms										Specimen	Comments		
Case # (sequentially)	Name (LAST NAME, first name)	Gender (M/F)	Date of Birth yyyy/mm/dd	Cabin Name or #	Parent contact & phone #	Onset date of first symptom (yy/mm/dd)	Fever	Vomiting	Nausea	Cramps	Watery diarrhea	Bloody diarrhea	Loose stools	Decreased appetite	Chills	Other - please specify	PHL "Enteric Kit" used (yy/mm/dd)	Hospitalized	Relevant Information (Any treatment, excursions planned, recent canoe trip, returning home etc.)	Date resolved (yy/my/dd)
1	ANDREWS, Archie	M	1999/06/12	Cabin 8		07/07/21		√√					√		√			Y N	Planned to go on overnight 07/07/24	
																		Y N		
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																		Y N		

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.

Outbreak Number Provided by Health Unit once outbreak declared

Date stool specimen was collected.

Important outbreak management indicator

Remains consistent throughout outbreak.

Date symptoms resolve.

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

Eg. Vomited twice.

Tick or indicate all that are appropriate.

Earliest onset date for all symptoms.