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Case Definition:



SIMCOE MUSKOKA DISTRICT HEALTH UNIT

ENTERIC OUTBREAK LINE LISTING FORM

RESIDENTS/PATIENTS STAFF

Fax daily before 10am to CD Team at: (705) 725-8007

Name of Facility:

Phone Number: _____

Outbreak Number: 2260 - _____ - ____

Date Outbreak Declared: _____

Case* Ide	Symptoms								Specimens			Outo	come	Comments					
(keedneutialt) # (seedneutialt) # (LAST NAME, first name)	Floor/Room Number	Date of Birth (yyyy/mm/dd)	Si	Last Day Worked (yyyy/mm/dd)	Onset Date of First Symptom (yy/mm/dd)	Abnormal Temperature		Diarrhea Bloody Diarrhea	stite	Chills	Abdominal Pain/Cramping	Other - Please Specify	PHOL "Enteric kit" Collection Date (yyyy/mm/dd)	Lab Results	Hospitalized (yyyy/mm/dd)	Death (yyyy/mm/dd)	Date of Last Episode of Symptoms (yyyy/mm/dd)	Date Contact Precautions Discontinued (yyyy/mm/dd)	

* A case is defined as any resident/patient or staff with at least two (2) or more episodes of vomiting or diarrhea; or at least one epispode of vomiting and one episode of diarrhea within a 24 hour period.

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 Privacy Officer, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, telephone (705) 721-7520.