HEALTH UNIT Bureau de santé de Windsor-comté d'Essex	ENTERIC LINE LIST RESIDENTS											until outbreak declared over by WECHU Phone: 519-258-2146 Ext 1420 After Hours: 519-973-4510 Health Trans Courier- 519-791-0515					
Name of Facility:	Outbreak # : 2268							Date:									
Affected Area: Entire facility: OR S	i								# of Pages:								
Suspect Outbreak Definition: 2 cases of ac Line Listing: A resident must have: 2 episod within 24 hrs, OR 1 episode of diarrhea Al effect, diet or prior medical condition. Case	des of I ND 1 e e Defii	loose/watery bow pisode of vomitin	vel movements t g within 24 hrs .	hat con Ensure as defii	forn sym ned	ns to th ptoms by WE(ne sha are a CHU.	bnorma Only p	al foi lace	r tha resic	t resident and	d not	due to laxat	tive use,	medication s		
Case Identification			Symptoms (check symptoms that apply)							Treatmer	nt	Complications			1		
Name of Resident	Room Number	DOB (Y/M/D)	Onset Date First Symptom (Y/M/D)	Record abnormal temp ≥ 37.5 or ≤ 35.5 °C	Nausea	Vomiting - indicate # of episodes e.g. X 2	Abdominal pain	Diarrhea - indicate # of episodes e.g. X 2	24 hours symptom free	48 hours symptom free	Stool specimen collection (Y/M/D)	Antibiotic treatment (Y/N)	Hospitalization admission (Y/M/D)	Remains in hospital (Y/N)	Hospitalization discharge (Y/M/D)	Death (Y/M/D)	
Residents can only be re	move	d from the line lis	t when they hav	ve been	asy	mpton	natic f	for 48 ł	nour	s or i	f they have c	lecea	sed in the la	ast 24 ho	ours	1	

Completed By: _____

(Print Name)

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Fax line lists daily by 10:00am to 226-783-2132