

## CHILD CARE CENTRE ENTERIC LINE LIST - CHILD

Fax line lists daily by **10:00 AM** to **519-977-5097**  
until outbreak declared over by WECHU Phone:  
**519-258-2146 ext. 2264**  
After Hours: **519-973-4510**

<b>Name of Facility:</b>				<b>Outbreak # : 2268 - _____ - _____</b>				<b>Date: DD – MMM – YYYY</b>							
<b>Address of Facility:</b>															
<b>Affected Area:</b> Entire facility: <input type="checkbox"/> <b>OR</b> Specific area:										<b># of Pages:</b>					
<p><b>Confirmed Outbreak: 2 or more children with</b> acute gastroenteritis with a common epi link (e.g., in a specific area or same caregiver/teacher) within <b>48 hrs.</b></p> <p><b>To include on the Line Listing, CHILDREN <u>must have</u>:</b></p> <p style="padding-left: 40px;">[1] <b>2 or more</b> episodes of loose/watery bowel movements within <b>24 hrs., OR</b></p> <p style="padding-left: 40px;">[2] <b>2 or more</b> episodes of vomiting within <b>24 hrs., OR</b></p> <p style="padding-left: 40px;">[3] <b>1 or more</b> episode of diarrhea, <b>AND 1 or more</b> episode of vomiting within <b>24 hrs.</b></p> <p><b>Case Definition:</b> Please check all symptoms as defined by <b>WECHU</b>. Only place children on the line list that meet the case definition:</p> <p style="text-align: center;"><input type="checkbox"/> Nausea    <input type="checkbox"/> Vomiting    <input type="checkbox"/> Abdominal pain    <input type="checkbox"/> Diarrhea    <input type="checkbox"/> Abnormal Temp.</p>															
Case Identification				Symptoms (check symptoms that apply)					Exclusion						
Name of Child	Age	Room Child Attends	Onset Date First Symptom (DD-MMM)	Record abnormal temp $\geq 37.5$ or $\leq 35.5$ °C	Nausea	Vomiting - indicate # of episodes e.g. X 2	Abdominal pain	Diarrhea - indicate # of episodes e.g. X 2	Last date child in centre (DD-MMM)	Stool specimen collection (DD-MMM)	Child remains at home (Y/N)	24 hours symptom free	48 hours symptom free	Hospitalization date (DD-MMM)	Date child returned to Centre (DD-MMM)
<b>Children can only return to the child care centre when the exclusion criteria period is met (i.e. 48 hours symptom free for unknown causative agent for enteric)</b>															

Completed By: \_\_\_\_\_  
(Print Name)

Faxed By: \_\_\_\_\_