

ENTERIC LINE LIST RESIDENTS

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

Name of Facility:	Outbreak # : 2268 - _____ - _____	Date: DD – MMM – YYYY
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Address of Facility:

Affected Area: Entire facility: <input type="checkbox"/> OR Specific unit/floor:	# of Pages:
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Confirmed Outbreak: 2 or more cases of acute gastroenteritis with a common epi link (e.g., in a specific area or floor, same care giver) within 48 hrs.
To include on the Line Listing, RESIDENTS must have:
 [1] 2 or more episodes of loose/watery bowel movements within 24 hrs., **OR**
 [2] 2 or more episodes of vomiting within 24 hrs., **OR**
 [3] 1 or more episode of diarrhea, **AND** 1 or more episode of vomiting within 24 hrs.
Case Definition: Please check all symptoms as defined by WECHU. Only place residents on the line list that meet case definition:
 Nausea Vomiting Abdominal pain Diarrhea Abnormal Temp.

Case Identification			Symptoms (check symptoms that apply)							Treatment		Complications				
Name of Resident	Room Number	DOB (DD-MMM-YYYY)	Onset Date First Symptom (DD-MMM)	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 (DD-MMM)	Antibiotic treatment (Y/N)	Hospitalization admission (DD-MMM)	Remains in hospital (Y/N)	Hospitalization discharge (DD-MMM)	Death (DD-MMM)

Residents can only be removed from the line list when they have been asymptomatic for 48 hours or if they have deceased in the last 24 hours

Completed By: _____
(Print Name)

Faxed By: _____