



ENTERIC OUTBREAK LINE LISTING: LONG-TERM CARE/ RETIREMENT HOMES

Outbreak No. 2236 / _____ / _____ Resident List OR Staff List

Name of Facility: _____ Address: _____

Date: _____ Attn. Halton Region Contact Person: _____

Contact person at centre: _____ Phone: (905)825-6000 Ext. _____ Fax: (905)825-1009

Phone: _____ Fax: _____ Email: _____

Case definition: A resident or staff member of the facility, presenting 2 or more unexpected episodes of diarrhoea and/or vomiting within 24 hour time period, with or without fever.

First and last initials	Location Please indicate floor/unit name for each case	Date (YY/MM/DD)		Symptoms					Specimen Collected	Specimen (+/-)	Comments: e.g. hospitalization, death, repeat case, family ill, etc.
		Onset	Resolved	Diarrhoea	Vomiting	Nausea	Fever	Other (specify)			
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											

