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

Outbreak No. 2236 / / Resident List: ☐ **Staff List:** ☐

Name of Facility:_____ **Address:**_____

Date:_____ **Attn. Halton Region Contact Person:** _____

Contact person at centre:_____ **Phone: (905)825-6000 Ext.**_____ **Fax: (905)825-8797**

Phone:_____ **Fax:**_____ **Email:**_____

Case definition: **A Resident 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 Please list all Resident cases that meet case definition.		**Location** Please indicate floor/unit name for each case	**Date** (YY/MM/DD)		**Symptoms**					**Specimen (Y/N)**	**Specimen (+/-)**	**Comments:** e.g. hospitalization, death, repeat case, family ill, etc.
			Onset	**Resolved**	**Diarrhoea**	**Vomiting**	**Nausea**	**Fever**	**Other** (specify)			
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			Onset	**Resolved**	**Diarrhoea**	**Vomiting**	**Nausea**	**Fever**	**Other** (specify)			
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			Onset	**Resolved**	**Diarrhoea**	**Vomiting**	**Nausea**	**Fever**	**Other** (specify)			
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			Onset	**Resolved**	**Diarrhoea**	**Vomiting**	**Nausea**	**Fever**	**Other** (specify)			
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