

Enteric Outbreak Line Listing for RESIDENTS
Fax daily to: 613-580-9649

Outbreak number: 2251 - _____ - _____

Facility Name: _____ Unit/Floor: _____ Contact at Facility: _____ Phone: _____ Fax: _____

Ottawa Public Health Investigator: _____ Outbreak Reporting Line: 613-580-6744 ext. 26325 (Weekdays 0830-1630) OR After-hours/Holidays: Call 3-1-1

Resident Information							Symptoms (New or Worsening)							Complications			Stool Specimen Collected (YYYY/MM/DD)	Comments			
Case Number (Sequential)	Please include the following information below: Surname, Given Name Date of Birth (DOB) Gender (M/F/Other)			Room Number	Date of Symptom Onset (YYYY/MM/DD)	Date Precautions Started (YYYY/MM/DD)	Date Precautions Discontinued (YYYY/MM/DD)	Date Symptom-Free (YYYY/MM/DD)	Diarrhea	≥ 2 Episodes of diarrhea within a 24-hour period (Y/N)	Vomiting	≥ 2 Episodes of vomiting within a 24-hour period (Y/N)	Nausea	Abdominal Cramps	Headache	Fever (Specify)			Emergency Visit Only (include date and location)	Hospitalization (admission date and location)	Date Deceased (YYYY/MM/DD)
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*Data should be collected each day from midnight to midnight

