

# Outbreak - Gastroenteritis Line List (SVC-ID)

Outbreak Number **2 2 3 3 - 2 0** \_ \_ \_ - \_ \_ \_



Facility: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

**Fax Daily to Grey Bruce Health Unit: 519-376-4152**

Resident Line List      Total Number of Residents: \_\_\_\_\_

or

Staff Line List      Total Number of Staff: \_\_\_\_\_

Case Definition: \_\_\_\_\_

Case Information			Symptoms								Diagnosis		Hospitalization		Death	Recovery	
Name	Room / Department	Staff: Last Day Worked	Date of Onset	Diarrhea	Vomiting	Abdominal Pain	Chills	Fever	Headache	Other (Specify)	Stool Sample – Collection Date	Results	Date Admitted	Date Discharged	Date of Death	Date of Last Symptom	Date Out of Isolation / Exclusion (48 hours after last symptom)