RENFREW COUNTY AND DISTRICT HEALTH UNIT

ENTERIC OUTBREAK LINE LISTING

Date: _____

CHECK ONE ONLY:
□ STAFF DATA
□ RESIDENT DATA

☐ Client advised of the purposes for which information is collected and will be used and disclosed pursuant to confidentiality policy.

INSTITUTION NAME:_____
OUTBREAK #: _____

Case Definition: 2 or more episodes of diarrhea and/or vomitting within 24 hours, or lab confirmation of GI pathogen and at least one compatible GI symptom

Case Number (sequentially)	NAME	Floor	Room	Gender (M/F)	Age	Onset date and time of first case (d/m)	(hr:min)	loose diarrhea	bloody diarrhea	watery diarrhea	vomiting	nausea	poor appetite	abdominal cramps	weight loss	chills	malaise (tired, weak)	myalgia (muscle pain)	abnormal temperature (˚C)	other - please specify:	hospitalization (date d/m)	death (date d/m)	Stool submitted (date d/m)	Result (date d/m)	Other - specify (date d/m)	Result (date d/m)	Resolved (date d/m)

Comments:

This information is being collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, C.H.7., for the purpose of outbreak investigation, monitoring, management, and follow-up; for the purpose of infectious disease surveillance; the purpose of public health administration; and for public information to be used, disclosed and disposed of in accordance with the Personal Health Information Protection Act, 2004, S.O.2004, c.3. Any questions regarding this collection may be directed to your local Public Health Inspector.

Pembroke
613-735-8654
(Fax) 613-735-3067

Renfrew
613-432-5853
(Fax) 613-432-3382