

Outbreak Line List: **Outbreak #** _____

- Resident Staff
 Respiratory Enteric

Outbreak Reported Date	Control Measures Started Date	Symptom Onset Date of Index Case	Outbreak Case Definition
Outbreak Facility Name/Affected Area(s)/Facility Contact Person		Health Unit Contact Information	
		Elgin St. Thomas <input type="checkbox"/> Phone 519-631-9900/Fax 519-631-1682 (Mon-Fri 8:30 am – 4:30 pm) <input type="checkbox"/> Phone 519-631-9900 ext. 0 (after-hours and holidays) <input type="checkbox"/> Fax 519-631-1682	Woodstock <input type="checkbox"/> Phone 519-421-9901/Fax 519-539-6206 (Mon-Fri 8:30 am – 4:30 pm) <input type="checkbox"/> Phone 519-421-9901 press '0' (after-hours and holidays) <input type="checkbox"/> Fax 519-631-1682
		Investigator Name and Extension: _____	

Case # (meets case definition)	Case Demographics		Isolation	Symptoms (new or worsening)										Specimens Diagnostics			Vaccination / Treatment			Complications/Outcome				Comments					
	Case Name (Last, First)	Unit/Room # (resident) -OR- Unit Worked/Role (Staff)	Isolation & additional precautions start date (m/d) OR Date of Last Shift (m/d)	Symptom onset date (m/d)	Fever/Abnormal temp (°C)	New/worsening cough	Shortness of Breath/Difficulty Breathing	Hoarseness/Sore throat	Runny Nose/Nasal Congestion	Headache	Fatigue/malaise/myalgias	Nausea	Vomiting (# episodes)	Diarrhea (# episodes)	Other symptoms (specify)	Specimen Collection Date (m/d)	Type of Test & Result	Specimen Collection Date (m/d)	Type of Test & Result	COVID-19 Vaccine (# doses)	Influenza Vaccine (m/d)	Antiviral Treatment (m/d)	Antibiotic Treatment (m/D)	Clinical/radiological evidence pneumonia (m/d)	Hospitalization (Y/N), admit and discharge date (m/d)	Death, cause of death (m/d)	Resolved (m/d)	Out of Isolation (m/d) OR Return to Work Date (m/d)	Roommates, Underlying Conditions etc.

*If resident is experiencing new onset of diarrhea, collect stool sample using enteric outbreak stool kit for viral and bacterial testing

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