RESIDENT: Enteric Outbreak Line Listing Form

Thunder Bay District Health Unit

Institution Name:	Unit:	Outbreak Number: 2262-	Date Reported to Health Unit:

Causative Agent:	Contact Person:	PHI:	PHN:

TBDHU Fax: 807-625-4822

Case Definition:

Case Identifiers				Symptom Information							Specimen		Isolation			Outcome		
#	Name	DOB	Room #	Symptom Onset Date	Diarrhea (D)	Vomiting (V)	Nausea (N)	Fever (F)	Abdominal Pain (A)	Other (specify in comments)	Date	Result: Positive (P), Negative(N)	Date Isolated	Date symptoms resolved	Date out of Isolation	Hospitalized Date (dd/mm/yy)	Death Date (dd/mm/yy)	Notes/ Comments
1	Mr Example	4-Mar-37	311-B	31-Jul		V		F			2-Aug	Norovirus	31-Jul	2-Aug	4-Aug			