

RESIDENT: Enteric Outbreak Line Listing Form



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

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|------------------|-----------------|------|------|
| Causative Agent: | Contact Person: | PHI: | PHN: |
|------------------|-----------------|------|------|

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|------------------|---------------------|----------|-----------|---------|-------------------------|
| Case Identifiers | Symptom Information | Specimen | Isolation | Outcome | TBDHU Fax: 807-625-4822 |
|------------------|---------------------|----------|-----------|---------|-------------------------|

| # | Case Identifiers | | | Symptom Information | | | | | | | Specimen | | Isolation | | | Outcome | | Notes/ Comments |
|---|------------------|----------|--------|---------------------|--------------|--------------|------------|-----------|--------------------|-----------------------------|----------|-----------------------------------|---------------|------------------------|-----------------------|------------------------------|-----------------------|-----------------|
| | 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) | |
| 1 | Last, First | 4-Mar-37 | 311-B | 31-Jul | | V | | F | | | 2-Aug | Norovirus | 31-Jul | 2-Aug | 4-Aug | | | |
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Case Definition: