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 Isolation Discontinued	Hospitalized Date (DD/MM/YYYY)	Death Date (DD/MM/YYYY)	Notes/ Comments/Agent
1	Last, First	4-Mar-87	311-B	31-Jul		V		F			2-Aug	P	31-Jul	1-Aug	3-Aug			Norovirus

Last Updated: Oct 2026