

CHILD CARE CENTRE ENTERIC OUTBREAK LINE LIST

Name of Facility:
Address:
Facility Contact:
Phone #:

CASE DEFINITION: Child or staff with onset of 2 or more episodes of unexplained vomiting and/or diarrhea in a 24 hour period, with or without fever or other enteric symptom

Please line list each child or staff member once only. Use a separate list for children and staff. Staff and children are not to return to Centre until after 48 hours symptom-free.

Date Line List Started:
Outbreak #: 3895 - 2022 -
Outbreak Investigator:
OB Investigator Email:
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☐ CHILD LIST ☐ STAFF LIST

Case Identification					Symptoms Enter # of episodes in 24 hours						Specimen		Resolved	Comments
Case #	Last Name, Initial	DOB Y/M/D	Room (I, T, PS,SA, Staff)	Gender	Onset Date Y/M/D/	D	V	N	F	Other	Stool Sample Collected (Y/N)	Test Result Agent if pos	Return to CCC Date YY/MM/DD	E.g. Hospitalizations, treatment

Symptoms Legend: D= Diarrhea V=Vomiting N=Nausea F=Fever H=Headache DE=Dehydration FA=Fatigue C=Chills AB=Abdominal Cramps
Room Legend: I=Infant T=Toddler PS=Preschool SA= School aged