

TORONTO PUBLIC HEALTH CLOSTRIDIUM DIFFICILE INFECTION (CDI) OUTBREAK LINE LIST

Hospital Name: _____

Date OB Declared: (YY/MM/DD) _____

Date List Started: (YY/MM/DD) _____

Hospital Address: _____

OB #: 3895 - 20____ - _____

Today's Date: (YY/MM/DD) _____

Contact Person: _____

TPH Investigator Name: _____

Contact Tel#: _____ Fax#: _____

Investigator Tel#: _____ Fax#: _____

Patient List

Staff List

CASE IDENTIFICATION					SYMPTOMS			CASE CONFIRMED BY					TREATMENT		RESOLVED	COMPLICATIONS			RISK FACTORS
Name (Last, First) Hospital number	Location (ward/unit/room number)	Gender (M/F)	Date of Birth (YY/MM/DD)	Admission Date (YY/MM/DD)	Date of Onset of first symptom (YY/MM/DD)	Diarrhea* (Y/N)	Date of Last Episode of Diarrhea	Toxin Detection (Y/N)	Typing (Request from OAHPL in OB)	Visualization of Pseudomembranes on sigmoid/colonoscopy (Y/N)	Histopathological diagnosis of Pseudomembraneous Colitis (Y/N)	Toxic Megacolon (Y/N)	Metronidazole (date started) (YY/MM/DD)	Vancomycin (date started) (YY/MM/DD)	Date resolved (YY/MM/DD)	Colectomy (Y/N)	Death (date of death) (YY/MM/DD)	A: Direct cause of death B: Contributing cause of death C: Unrelated to death D: Unknown	1: Abdominal surgery 2: Antacid/antulcer medication 3: Immunocompromised 4: Antibiotic use 5: Chemotherapy 6: Protein pump inhibitors 7: Previous CDI 8: Other

Confirmed Case Definition: Diarrhea with laboratory confirmation of a positive toxin assay (A/B) for *C. difficile*; or Visualization of pseudomembranes on sigmoidoscopy/colonoscopy; or Histological/pathological diagnosis of pseudomembraneous colitis; or Diagnosis of toxic megacolon.
***Diarrhea Definition:** loose/watery bowel movement (conforms to the shape of the container), and the bowel movements are unusual or different for the patient, and there is no other recognized etiology for the diarrhea (e.g., laxative use).