<b>MHal</b>	ton
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## ENTERIC OUTBREAK LINE LISTING: LONG-TERM CARE/ RETIREMENT HOMES

Name of Facility:	<b>M</b> Halton			Outbreak No.	2236 /_		_/	R	esident List $\square$	OR	Staff 1	List □		
Phone:   Fax:   Email:   Phone:   Fax:   Phone:   Phone:   Fax:   Phone:   Fax:   Phone:   Phone:   Phone:   Phone:   Fax:   Phone:	REGION	Name of Facility:				A	ddress	•						
Phone   Fax   Email:		Date: Attn. Halton Region Contact Person:												
Case		Contact person at centre:					Phone: (905)825-6000 Ext Fax: (905)825-1009							
First and last interested that the case indicate floor/uniforal staff cases that meet case defining and staff cases that meet case that meet case that meet case as that meet		Phone:F	ax:	Email:										
Control   Cont	Case definition:	A resident or staff member	r of the facility,	presenting 2 or n	nore une	expecte	d episo	des of	diarrhoea and	or vomit	ing witl	hin 24 hour time period, with or without fever.		
Control   Cont	initials  Please list all resident and staff cases that meet case	Please indicate floor/unit name for each case	Please indicate floor/unit  Date (YY/MM/DD)				Symptoms				Specimen	Specimen	e.g. hospitalization, death, repeat case, family ill,	
2.       3.       4.       5.       6.       7.       8.       9. <td< th=""><th>Onset</th><th>Resolved</th><th>Diarrhoea</th><th>Vomiting</th><th>Nausea</th><th>Fever</th><th></th><th>(+/-) Collected</th><th>etc.</th></td<>			Onset	Resolved	Diarrhoea	Vomiting	Nausea	Fever		(+/-) Collected	etc.			
3.         4.         5.         6.         7.         8.         9.         1.<														
4.	2.													
5.         6.         9.<	3.													
6.       1	4.													
7.         8.         9.         1	5.													
8.         9.         1	6.													
9.	7.													
	8.													
10.	9.													
	10.													

First and last initials	Please indicate floor/unit name for each case	Date (YY/MM/DD)			Symp	otoms		Specimen (	Comments: e.g. hospitalization, death, repeat case, family ill, etc.
Please list all resident and staff cases that meet case definition.		Onset	Resolved	Diarrhoea	Nausea	Fever	Other (specify)	(N/X)	etc.

Revised Nov 2018