

Gastroenteritis Outbreak Line List for Facilities (Adult)

FACILITY:	CONTACT PERSON:	TELEPHONE:
TODAY'S DATE:	Coast Garibaldi Health Protection Phone: (604) 892-2793 Fax: (604) 892-2327 North Shore Health Protection Phone: (604) 983-6700 Fax: (604) 983-6702 Richmond Health Protection Phone: (604) 233-3147 Fax: (604) 233-3175 Vancouver CDC Phone: (604) 675-3900 Fax: (604) 731-2756	

OUTBREAK DEFINITION: Three (3) or more cases of gastroenteritis in the same setting, within a four (4) day period.

NOTE: a: a case of gastroenteritis is a person (including staff) experiencing 2 or more liquid or watery stools above what is normal for the person in a 24 hour period, OR an episode of unexplained vomiting, OR one episode each of vomiting and diarrhea in a 24 hour period, OR one episode of bloody diarrhea, OR a lab confirmation of a known enteric pathogen and at least one GI symptom i.e. nausea, vomiting, diarrhea, abdominal pain etc., care must be taken to rule out non-infections cause e.g. medication or other illnesses that can cause vomiting or diarrhea.

- INSTRUCTIONS:**
1. Record all cases of gastroenteritis using the table below.
 2. Use a new form to daily update any new cases.
 3. When requested; fax or email this form to the Health Protection Office in your area.

Demographics				Symptoms			Specimen		
Name or Initials	Staff (Y/N)	Room or Unit/Ward	Room type	Date of First Vomit or Diarrhea	Specify Symptoms and # of Episodes	Date of Last Vomit or Diarrhea	Specimen Collection Date	Specimen Result	Comments / Outcome

ROOM TYPE: M = multi-bed P = private S = shared
SYMPTOMS: A = abdominal pain B = bloody diarrhea F = fever H = headache M = myalgia N = nausea
OUTCOME: D = died H = hospitalized R = resolved