Gastrointestinal Illness Outbreak Surveillance Line List Worksheet

Worksheet for frontline - submit daily to Outbreak Management Team Lead daily	
Outbreak Location (ward/Unit/Floor):	
Total # beds in Outbreak location:	
Causative Agent:	
Infectious Period (as per ICP/CDU):	
Date Report Started:	

Instructions:

Use this tool to help track GI Cases your facility whether there is an outbreak or not. Use a new version of the form once an outbreak has been identified and declared to keep it specific to the outbreak (or remove any non-outbreak cases). Submit worksheet to Outbreak Lead daily to update Master Line List.

If information was updated at a later date from the date added to the line list, please ensure the Last Updated Date' column reflects the most recent update.

Prints best on 8.5" x 14" paper

<u>Symptom Legend</u>: Nausea = Na, Vomiting = V, Diarrhea = D, Bloody Diarrhea - BD, Fever = F, Malaise = M, Myalgia = My, Headache = Ha,

Date added to line list	Last Updated Date	Last Name	First Name	PHN	DOB	Unit & Room #	Symptom onset date	Sample	Sample collection date	Date Placed on Isolation	Infectious Period	Death? Enter date of death	Hospitalized? (Y/N)	Outbreak case? (Yes/No)

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