WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

Facility Outbreak Line List

Fax line lists daily by **10:00 AM** to **519-977-5097** until outbreak declared over by the WECHU.

Phone: 519-258-2146 ext. 1420
After Hours: 519-973-4510

Facility Name: _____
Facility Address: _____
Facility Phone and Ext: _____
Contact Person #1: _____
Contact Person #2: _____

Select ONLY one:
☐ **Respiratory**
☐ **Enteric**

Select ONLY one:
☐ **Resident**
☐ **Patient**
☐ **Children**
☐ **Staff**

Line List Outbreak # 2268- _____-_____
Index Case Symptom Onset Date: YYYY-MM-DD _____
Control Measures Started Date: YYYY-MM-DD _____
Submission Date: YYYY-MM-DD _____
Submitted By: _____

Respiratory

Submit line list when:
[1] Two or more cases of acute respiratory infections (ARI) occur within 48hrs with a common epi-link (e.g., unit, floor) and testing is not available/negative ***OR***
[2] Two or more cases of test-confirmed ARI occur within 48hrs with common epi-link (e.g., unit, floor) ***OR***
[3] Three or more cases of ARI occur within 48hrs with common-epi link (e.g., unit, floor) and testing is not available/negative ***OR***
[4] Directed by WECHU

Enteric

Submit line list when 2 or more people have:
[1] Two or more episodes of diarrhea (e.g., loose/watery bowel movements) within a 24-hour period, ***OR***
[2] Two or more episodes of vomiting within a 24-hour period, ***OR***
[3] One or more episodes of diarrhea *AND* one or more episodes of vomiting within a 24-hour period

Case Definition

Check all as defined by **WECHU:**

☐ **Fever**(≥37.8°C)
☐ **Headache**
☐ **Malaise/Fatigue**
☐ **New Cough**
☐ **Rash**
☐ **Nausea/Vomiting**
☐ **Diarrhea**
☐ **Shortness of Breath**
☐ **Muscle Aches**
☐ **Sore throat/ Hoarseness**
☐ **Nasal Congestion/ Sneezing**
☐ **Loss of taste/smell**
☐ **Other:** _____

Case Demographics			Isolation	Symptoms (new or worsening)											Specimens Diagnostics		Vaccination/Treatment				Complications/Outcome				
Case Name (Last, First)	**Date of Birth** YYYY-MM-DD	**Unit/Room #** (resident) OR **Unit Worked/Role** (Staff)	**Isolation & additional precaution start date** or **date of last shift.** MM-DD	Symptom onset date MM-DD	Fever/Abnormal Temp (Celsius)	Rash	Cough	Shortness of Breath	Hoarseness/Sore Throat	Runny Nose/Nasal Congestion	Headache	Fatigue/Malaise/Myalgias	Loss of taste/smell	Vomiting # of episodes	Diarrhea # of episodes **	Specimen Collection Date MM-DD	Type of Test & Result (+ or -) (RAT, PCR, MRVP, NAAT, Stool)	Covid-19 Vaccine (# of doses)	Influenza Vaccine MM-DD	Antiviral Treatment MM-DD	Antibiotic Treatment MM-DD	**Clinical/X-RAY evidence of pneumonia MM-DD**	Hospitalization Date MM-DD	Hospital Discharge Date MM-DD	**Death MM-DD**	Out of Isolation OR Return to Work Date MM-DD

**If resident is experiencing new onset of diarrhea, collect stool sample using enteric outbreak stool kit for viral and bacterial testing.

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

Facility Outbreak Line List

Fax line lists daily by **10:00 AM** to **519-977-5097** until outbreak declared over by the WECHU.

Phone: 519-258-2146 ext. 1420
After Hours: 519-973-4510

Case Demographics			Isolation	Symptoms (new or worsening)											Specimens Diagnostics		Vaccination/Treatment				Complications/Outcome				
Case Name (Last, First)	**Date of Birth** YYYY-MM-DD	**Unit/Room #** (resident) OR **Unit Worked/Role** (Staff)	**Isolation & additional precaution start date** or **date of last shift.** MM-DD	Symptom onset date MM-DD	Fever/Abnormal Temp (Celsius)	Rash	Cough	Shortness of Breath	Hoarseness/Sore Throat	Runny Nose/Nasal Congestion	Headache	Fatigue/Malaise/Myalgias	Loss of taste/smell	Vomiting # of episodes	Diarrhea # of episodes **	Specimen Collection Date MM-DD	Type of Test & Result (+ or -) (RAT, PCR, MRVP, NAAT, Stool)	Covid-19 Vaccine (# of doses)	Influenza Vaccine MM-DD	Antiviral Treatment MM-DD	Antibiotic Treatment MM-DD	**Clinical/X-RAY evidence of pneumonia MM-DD**	Hospitalization Date MM-DD	Hospital Discharge Date MM-DD	**Death MM-DD**	Out of Isolation OR Return to Work Date MM-DD

**If resident is experiencing new onset of diarrhea, collect stool sample using enteric outbreak stool kit for viral and bacterial testing.