## DAYCARE OUTBREAK LINE LIST

Fax daily (ccc@eohu.ca)

Name o	f Facility and address:																								-
Facility phone number:					Outbreak Number 2258																				
Type of Outbreak: ☐ RESPIRATORY ☐ ENTERIC ☐ Caus																☐ CHILD ☐ STAF							Date Outbreak Declared: 20/	_/	-
Case Identification & Information						Symptoms *please indicate															Outc	ome	Comments		
Case # (chronologically)	Name & date of birth (Surname, Name)	Childcare group (I=Infant, T=Toddler, P=Preschool, S=School age)	Date of symptoms onset	Diarrhea	≥2 Episodes of diarrhea within 24-hrs (Y/N) Vomiting	≥ 2 Episodes of vomiting within 24-hrs (Y/N)	Abdominal pain	Headache	Fever	Chills	Muscle aches or pain (Myalgia)	New or Increased cough Runny nose/Sneezing	Nasal congestion	Sore throat	Fatigue, lethargy or malaise	Shortness of breath	Decrease or lack of appetite	Decrease or loss of smell or taste	Worsening chronic condition	Asymptomatic	Date symptom free	Date returned to daycare			
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Outbreak Reporting: Weekdays from 8:30 a.m. to 4:30 p.m.: Email ccc@eohu.ca or call the Outbreak Reporting Line at 613-933-1375 Evenings and weekends: Call the Outbreak Reporting Line at 613-933-1375

Personal information is being collected under the authority of the Health Protection and Promotion Act (HPPA). This information shall be used for the administration of public health programs.

Questions regarding the collection of this information may be directed to: Program Manager, Infectious Diseases Prevention and Control, Eastern Ontario Health Unit, 1000 Pitt Street, Cornwall, Ontario, K6J 5T1 or by telephone at 613-933-1375 or 1-800-267-7120.

If you require this information in an alternate format, please call 1-800-267-7120 and press 0.



