

Line Listing for a Gastroenteritis Outbreak in an Institution

A line listing is a table in which important information is recorded on each person who is ill with gastroenteritis in an outbreak. This information will assist you in keeping track of sick residents and staff, enabling you to implement control measures to stop the outbreak spreading. The information is collated by your local Public Health Unit (PHU) and enables staff to determine the nature of the outbreak and likely mode of transmission and to assist in controlling the outbreak.

Instructions for use:

- Please notify your local PHU of an outbreak of gastroenteritis in your institution (two or more people with sudden onset of vomiting or diarrhoea over a 24 hour period) and for assistance in the use and completion of this form (see list of PHUs on page 2)
- Please complete the Line Listing Form including: facility name, facility type (e.g. nursing home and/or hostel), contact person and title, total number of staff and residents at the facility, date of first case and the date reported to the PHU
- You can either print out a paper version, or use an electronic version of the line listing. The electronic version has the advantage of allowing you to easily create charts (epidemiological curves) to give a visual overview of the outbreak
- Please record details for each person in the facility with gastroenteritis illness. Please use the same line listing to record details of the new cases throughout the duration of the outbreak (do not restart the list each day)
- In the event of an outbreak this line listing should be faxed or e-mailed daily to your local PHU. Please ensure all details are completed for each case. If you have any questions please telephone your local PHU.

Line Listing for Gastroenteritis in an Institution (page 1)

Name of Facility: _____ Total No: residents at facility: _____ Type of Aged Care Facility: Hostel Nursing Home
 Contact Person: _____ Position Title: _____ Telephone No: _____ Fax No: _____ Email: _____
 PHU Notified (tick) Date Reported to PHU: _____ Date First Case: _____ Unique name/number for outbreak: _____

CASE DETAILS						DESCRIPTION OF ILLNESS				SPECIMEN			OUTCOME
Case No.	Full Name	DOB & Age (yrs)	Gender (M or F)	Staff (S) or Resident (R)	Current Ward or Room	Date of Onset	Time of Onset	Length of Illness (hrs)	Symptoms (see key below)	Specimen Collected (Y/N) If Yes, specify type	Date Specimen Collected	Result (specify name of bacteria, virus, parasite or toxin)	Seen by Dr (Dr) Hospitalised (H) Died (D)

Symptoms Key: V=Vomiting D=Diarrhoea BD=Bloody Diarrhoea F=Fever>38.5C

Line Listing for Gastroenteritis in an Institution (page 2)

CASE DETAILS						DESCRIPTION OF ILLNESS				SPECIMEN			OUTCOME
Case No.	Full Name	DOB & Age (yrs)	Gender	Staff (S) or Resident (R)	Current Ward or Room	Date of Onset	Time of Onset	Length of Illness (hrs)	Symptoms (see key below)	Specimen Collected (Y/N) If Yes, specify type	Date Specimen Collected	Result (specify name of bacteria, virus, parasite or toxin)	Seen by Dr (Dr) Hospitalised (H) Died (D)

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