



<b>Population Health Unit fax number:</b> _____
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Date: \_\_\_\_\_

## Gastroenteritis Outbreak in a Residential Care Facility

### Final Case Summary Form

- Please enter the information below when the outbreak is over (when there have been no episodes of vomiting or diarrhoea for 48 hours).
- Enter each case only once on the Case List Form that can be used to gather the numbers for this form.
- When the form is completed, fax to the Population Health Unit.

**Name of facility** \_\_\_\_\_ **Contact number/s** \_\_\_\_\_

Onset date of first case \_\_\_/\_\_\_/\_\_\_ Onset of last case \_\_\_/\_\_\_/\_\_\_ Date outbreak over \_\_\_/\_\_\_/\_\_\_

	Residents	Staff
Total number of gastroenteritis cases (over the whole outbreak)		
Total number of residents and staff in the facility		
Number of cases with:		
vomiting		
diarrhoea		
bloody diarrhoea		
fever		
abdominal pain		
Number of specimens collected*		
Number of specimens tested for routine pathogens (MC & S)		
Number of specimens tested for viral pathogens		
<b>Comments</b> (e.g. specimens collected but lost / not tested)		
<b>Number of specimens positive for:</b>		
<b>Viral pathogens</b>		
Norovirus		
Rotavirus		
Adenovirus		
<b>Foodborne pathogens</b>		
<i>Salmonella</i>		
<i>Campylobacter</i>		
<i>Clostridium perfringens</i>		
Shiga-/Vero-toxin-producing <i>E. coli</i> (STEC, VTEC)		
<i>Listeria</i>		
<i>Staphylococcus aureus</i>		
<i>Bacillus cereus</i>		
Number of food handlers who have had gastroenteritis		
Number of case admissions to hospital		
Number of deaths in cases who had gastroenteritis		

\*Continue to fax results to PHU until all results have been sent.