



Date _____

Gastroenteritis Outbreak in a Residential Care Facility Daily / Final *(Circle which applies)* Cumulative Case Summary Form

- Please enter the information below as it accumulates from Day One of the outbreak, i.e. **do NOT enter numbers only for the past 24 hours, but the total numbers TO DATE.**
- Use your Case List forms to gather the numbers. Check that each case is entered only once on the Case List form.
- Only fill in the onset date of the last case on your final summary form

Name of Facility _____

Contact number/s _____

Onset date of first case ____ / ____ / ____ Onset date of last case ____ / ____ / ____.

	Residents	Staff
Number of gastroenteritis cases (from day 1 up until today)		
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 specimen results faxed to PHU		
Number of specimens positive for:		
Viral pathogens		
Norovirus		
Rotavirus		
Adenovirus		
Foodborne pathogens		
<i>Salmonella</i> *		
<i>Campylobacter</i> *		
<i>Clostridium perfringens</i> *		
<i>Shiga-/Vero-toxin-producing E. coli (STEC, VTEC)</i> *		
<i>Listeria</i> *		
<i>Staphylococcus aureus</i> *		
<i>Bacillus cereus</i> *		
Number of case admissions to hospital*		
Number of deaths in cases who had gastroenteritis*		
Number of food handlers with gastroenteritis*		
Has there been a sudden increase in number of cases over the last 24 hour period?*	Yes/No	

* Sentinel events: report to the PHU within 24 hours of occurrence. On weekends & public holidays ONLY contact the Department of Health's on-call duty officer on 9328 0553