



Date: _____

Gastroenteritis outbreak in a residential care facility

Daily cumulative case summary form

- Fill in and fax this form to PHU each day of the outbreak.
- Each day fill in the total numbers in this outbreak, not just new cases.
- Use your Case list forms to gather the numbers. Check that each case is entered only once on the *Case list form*.

Name of facility: _____

Contact number/s: _____ Onset date of first case: ____/____/20____

	Residents	Staff
Total 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 received and 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 food handlers who have had gastroenteritis		
Number of hospitalisations in cases who had gastroenteritis		
Number of deaths in cases who had 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 and OACQC within 24 hours of occurrence. On weekends and public holidays ONLY contact the Department of Health on-call duty officer on 9328 0553.