



INITIAL REPORT FORM LONG TERM CARE FACILITY GASTROENTERITIS OUTBREAK

Gastrointestinal outbreaks should be reported to the Williamson County and Cities Health District (WCCHD) within 24 hours of when the outbreak is identified. Enteric infections will be investigated to determine the cause and reduce disease transmission. Gastroenteritis due to *Norovirus* may be confused with other infections prior to laboratory detection. Initially it is important to obtain some basic information and clinical samples from each suspected case to rule out other serious food-borne pathogens such as *E. coli*, *Salmonella*, *Shigella*, *Campylobacter*, or Hepatitis A.

Fax completed form to WCCHD at the beginning of an outbreak (fax 512-930-4017)

Please attach additional comments and an epidemiologic curve (list or graph of number of cases by date of illness onset) if available.

Reporter: _____ **Date of Report:** ___/___/___

Facility name: _____

Address: _____

Phone: _____ **Fax:** _____

Facility contact person: _____

Title: _____ **Phone:** _____

Type of facility:

- Skilled nursing facility • Assisted living • Rehabilitation facility
- Other: _____

Date of first illness onset: _____

Specimens submitted to a lab: • Yes • No *If yes* Date submitted: ___/___/___

- DSHS lab • Commercial lab (list name) _____

of persons tested: _____

Norovirus positive: _____ # positive for other pathogens: _____

List other pathogen(s): _____

Total number of residents in facility at time of outbreak (ill and well): _____

Total number of staff in facility at time of outbreak (ill and well): _____

Total # of ill residents: _____ **Total # of ill staff:** _____

PLEASE FAX BACK TO: Williamson County & Cities Health
Communicable Disease Management Team
100 West 3rd St., Georgetown, Texas 78626
Phone #: 512-943-3660 FAX #: 512-930-4017