



NOROVIRUS OUTBREAK SUMMARY FORM LONG TERM CARE FACILITIES

Please complete and fax this form to your local health district at the end of the outbreak.

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

Reporter: _____
Facility name: _____

Address: _____
City: _____ **State:** _____ **Zip code:** _____
County: _____
Phone: _____ **Fax:** _____

Facility contact person: _____
Title: _____ **Phone:** _____

Type of facility: • Skilled nursing facility • Assisted living • Rehabilitation facility
• Other: _____

Date of first illness onset: _____ **Date of last onset:** _____

Specimens submitted to a lab: • Yes • No **If yes** Date submitted: __/__/____
• DSHS lab • Commercial lab _____ # of persons tested: _____
Norovirus positive: _____

Total number of residents in facility at time of outbreak: _____
Total number of staff in facility at time of outbreak: _____
Total # of ill residents: _____ **Total # of ill staff:** _____
Number of hospitalizations: _____ **Number of deaths:** _____

Please provide a ratio in the table below: Total with symptoms/Total people for whom this information was collected. Example: 5/12 residents with fever.

Symptoms	Residents	Staff
Abdominal Cramps		
Fever		
Diarrhea		
Vomiting		
Nausea		
Other		

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