

**VCH Enteric Outbreak Summary Form - Licensed Child Care**

Complete and fax or email this form to your local Health Protection or CCFL Office as soon as possible AFTER the outbreak is declared over by the Medical Health Officer or designate.

Coast Garibaldi Health Protection	Phone: (604) 892-2793	Fax: (604) 892-2327
North Shore Health Protection	Phone: (604) 983-6700	Fax: (604) 983-6702
Richmond Health Protection	Phone: (604) 233-3147	Fax: (604) 233-3175
Vancouver CDC	Phone: (604) 675-3900	Fax: (604) 731-2756

<b>Facility Name:</b> _____	
<b>Facility Address:</b> _____	
<b>HDSA:</b> <input type="checkbox"/> Coast Garibaldi <input type="checkbox"/> North Shore <input type="checkbox"/> Richmond <input type="checkbox"/> Vancouver	
<b>Reported by:</b> _____	<b>Telephone:</b> _____

Date of onset in first case: _____ (DD/MM/YY)	Date of onset in last case: _____ (DD/MM/YY)
Date outbreak declared: _____ (DD/MM/YY)	Date outbreak declared over: _____ (DD/MM/YY)

**Lab information:**

Were specimens sent for testing?     Yes, Lab: \_\_\_\_\_ Results: \_\_\_\_\_  
 No     Unknown

**Predominant symptoms:**

Nausea     Diarrhea     Bloody diarrhea     Fever     Vomiting     Headache     Abdominal Pain/cramps  
 Other (Specify): \_\_\_\_\_     Other (Specify): \_\_\_\_\_

<b>Summary of enteric cases:</b>					
# Cases in children	<input type="text"/>	# Cases in staff	<input type="text"/>	# Clinical Cases	<input type="text"/>
Total # of children	<input type="text"/>	Total # of staff	<input type="text"/>	# Laboratory confirmed cases	<input type="text"/>
				# Cases hospitalized	<input type="text"/>

**Actions taken:** (check all that apply)

Parent notification     Limitation of group activities  
 Exclusion of ill staff     Outbreak protocol disinfection  
 Exclusion of ill children  
 Other actions: (describe) \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_