

**VCH Enteric Outbreak Summary Form - Health Care Facility**

Complete and fax or email this form to your local Health Protection 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 patients/residents	<input type="text"/>	# Cases in staff	<input type="text"/>
Total # of patients/residents	<input type="text"/>	Total # of staff	<input type="text"/>
Outcomes: # of long-term residential cases hospitalized	<input type="text"/>	# Clinical Cases	<input type="text"/>
		# Laboratory confirmed cases	<input type="text"/>
		# of cases who died	<input type="text"/>

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

<input type="checkbox"/> Restricted admission and transfers	<input type="checkbox"/> Limitation of group activities
<input type="checkbox"/> Visitor notification	<input type="checkbox"/> Cohorting of staff
<input type="checkbox"/> Exclusion of ill staff	<input type="checkbox"/> Cohorting of cases
<input type="checkbox"/> Outbreak protocol disinfection	
<input type="checkbox"/> Other actions: (describe) _____	

**Comments:**

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