Central Coast Public Health

Line listing for Gastroenteritis in a child care centre

Line listing of affected children and staff

Name of child care centre	
Total number of children enrolled at cen	tre

						Date of first case						
Case No	Full Name	Child(C) Staff (S)	Age (years and months)	Room	Date of Onset	Attended Centre in 48 hours before symptoms started. Y/N	Duration of illness (hours)	Symptoms (see key)	Seen by doctor (Y/N)	Specimen collected (Date)	Result	Hospitalised Y/N
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Contact person

Key: V = vomiting; D = Diarrhoea; BD = bloody diarrhoea; T = > 38.5C; F = fever > 38.5C + chills

Please encourage collection of stool specimens from affected persons requesting culture & sensitivity, Norovirus PCR, Rotavirus, ova, cysts, and parasites.