

Central Coast Public Health

Name of Facility:

GASTROENTERITIS IN AN INSTITUTION

Total number of staff at risk :

Line listing of affected staff:

Contact Person:

Case No	Full Name	Age (years and months)	Gender	Current ward/room	Date of Onset	Length of illness (hours)	Symptoms (see key)	Seen by doctor (Y/N)	Pathology collected	Date collected	Result

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

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