

# SUSPECT NOROVIRUS OUTBREAK INTAKE LOG SHEET

## INITIAL CALLER INFORMATION:

Date facility notified LHD:			
LHD contact :	Name:	Phone:	
	Jurisdiction:	Email:	
Date CDES notified:			
Facility name:			
Facility address:			
Facility contact:			
Facility phone & fax:	Phone:	Fax:	
Facility email:			
Facility involved	<input type="checkbox"/> ADCC <input type="checkbox"/> AFH <input type="checkbox"/> CBRF <input type="checkbox"/> NH <input type="checkbox"/> RCAC <input type="checkbox"/> Other:		

ADCC=adult day care centers, AFH= adult family homes, CBRF= community based residential facilities, RCAC= residential care apartment complex, NH= nursing homes

## CLINICAL DATA:

Number residents ill:	Number exposed:
Number staff ill:	Number exposed:
Earliest onset date:	
Duration of illness:	
Symptoms:	

Outbreak Suspected:    Foodborne    Person-to-Person

## Checklist:

- Distribute "Recommendations for Prevention and Control of Viral Gastroenteritis Outbreaks in Wisconsin LTCFs"
- Initiate line list of ill RESIDENTS and STAFF
- Notify CDES
- Obtain approval from CDES for stool testing at WI State Lab of Hygiene
- Collect 3 stool specimens for norovirus testing (enteric culture if approved)
- Distribute norovirus and handwashing fact sheets
- Review proper cleaning and disinfecting procedures
- Obtain final line list and lab results and forward to CDES

Other comments: