



Gastroenteritis Outbreak in a Child Care Centre/School

Final Case Summary Form

- Please enter the information below when the outbreak is over (when there have been no episodes of vomiting or diarrhoea for 48 hours) including the final number of people ill and any specimen results.
- When the form is completed, fax to the Population Health Unit

Name of Centre/School _____

Contact number/s _____

Onset of first case ____ / ____ / ____ Onset of last case ____ / ____ / ____

	Children/Students	Staff
Total number of gastroenteritis cases (over the whole outbreak)		
Total number of children and staff at the centre/school		
Number of cases with:		
vomiting		
diarrhoea		
bloody diarrhoea		
fever		
abdominal pain		
Number of specimens collected		
Number of specimens tested for routine pathogens (MC & S*)		
Number of specimens tested for viral pathogens**		
Comments (e.g. specimens collected but lost / not tested)		
Viral pathogens positive results:		
Norovirus		
Rotavirus		
Adenovirus		
Bacterial pathogens positive results:		
<i>Salmonella</i>		
<i>Campylobacter</i>		
<i>Clostridium perfringens</i>		
<i>Shiga-/Vero-toxin-producing E. coli (STEC, VTEC)</i>		
Other results:		
Number of case admissions to hospital		
Number of food handlers who had gastroenteritis		

* MC & S=microscopy, culture and antibiotic sensitivity

** Viral pathogens=norovirus, rotavirus and adenovirus