

# Viral Gastroenteritis / Norovirus Outbreak Line List

Name of Facility: \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_

Total Staff: \_\_\_\_\_

Total Residents: \_\_\_\_\_

Demographics			Role and Location		Symptoms						Outcome		Diagnostics	
Name	DOB or Age	Sex (M/F)	Staff or Resident (S/R)	Staff Role or Resident Room Number	Symptom Onset Date (mm/dd/yy)	Vomiting (Y/N/U)	Diarrhea (Y/N/U)	Bloody Stools (Y/N/U)	Abdominal Cramps (Y/N/U)	Fever (T max°/N/U)	First symptom-free date (mm/dd/yy)	Hospitalized (Y/N/U)	Specimen Collection Date (mm/dd/yy)	Lab Results
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**Clark County Public Health**

**Communicable Disease**

Phone: (564) 397-8182 Fax: (564) 397-8080

<https://www.clark.wa.gov/public-health/long-term-care-facilities>

**Diarrhea** = 3 or more watery stools in a 24 hour period

**Vomiting** = 2 or more episodes within a 24 hour period

**S**=Staff, **R**=Resident

**Y**=Yes, **N**=No, **U**=Unknown