Government of **Western Australia**
Department of **Health**

Date: _____

Gastroenteritis Outbreak in a Residential Care Facility
Daily Cumulative Case Summary Form

➤ Please enter the information below as it accumulates from Day One of the outbreak, i.e. **do NOT enter numbers only for the past 24 hours, but the total numbers TO DATE**.
➤ Use your Case List forms to gather the numbers. Check that each case is entered only once on the Case List form.
➤ Only fill in the onset date of the last case on your final summary form

Name of facility _____

Contact number/s _____Onset date of first case _____/_____/_____

	Residents	Staff
Number of gastroenteritis cases (from day 1 up until today)		
Total number of residents and staff in the facility		
Number of cases with: vomiting		
diarrhoea		
bloody diarrhoea		
fever		
abdominal pain		
Number of specimens collected		
Number of specimen results faxed to PHU		
Number of specimens positive for:		
Viral pathogens Norovirus		
Rotavirus		
Adenovirus		
Foodborne pathogens *Salmonella**		
*Campylobacter**		
*Clostridium perfringens**		
Shiga-/Vero-toxin-producing *E. coli* (STEC, VTEC)*		
*Listeria**		
*Staphylococcus aureus**		
*Bacillus cereus**		
Number of food handlers who have had gastroenteritis		
Number of case admissions to hospital*		
Number of deaths in cases who had gastroenteritis*		
Has there been a sudden increase in number of cases over the last 24 hour period?*	Yes/No	

* Sentinel events: report to the PHU within 24 hours of occurrence. On weekends & public holidays ONLY contact the Department of Health's on-call duty officer on 9328 0553