**LONG-TERM CARE FACILITY ACUTE GASTROENTERITIS ILLNESS OUTBREAK INTAKE FORM**

**If completing this form online, fax to the ACD On-Call Nurse at 608-266-4858. For long-term care facilities located in Dane County only. Call 608-266-4821 if you have questions.**

**Outbreak definition: 3 or more residents and/or staff develop new onset of vomiting and/or diarrhea within a 72-hour period and have a geographic commonality (i.e. same wing, unit, floor).**

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| **INITIAL CALLER INFORMATION:** |
| Date of report: |       | Is this a new outbreak? [ ]  Yes [ ]  No |
| Facility name: |       |
| Facility address: | Street:       | City:        | Zip:       |
| Facility contact: |       |
| Facility phone, fax & email: | Phone:        | Fax:       | Email:       |
| Unit(s) affected: |        |
| Facility type involved: |  [ ]  ADCC [ ]  AFH [ ]  CBRF [ ]  NH [ ]  RCAC [ ]  Other:       |

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

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| **CLINICAL DATA:** |
| **Affected Unit 1:** | **Residents** | **Staff** |
| Entire facility affected [ ]  Yes [ ]  NoIf No, specify unit/wing:       | Number ill:        | Number ill:       |
| Number exposed:        | Number exposed:       |
| Earliest onset date:       | Earliest onset date:       |
| **Affected Unit 2:** | **Residents** | **Staff** |
| Specify unit/wing:       | Number ill:        | Number ill:       |
| Number exposed:        | Number exposed:       |
| Earliest onset date:       | Earliest onset date:       |
| Symptoms:*Note: must include vomiting and/or diarrhea*  | [ ]  Nausea[ ]  Diarrhea [ ]  Abdominal cramps[ ]  Chills | [ ]  Vomiting[ ]  Bloody diarrhea[ ]  Fever[ ]  Other:       |
| Duration of illness:       |
| Stool testing performed/ordered?If yes, provider organization/lab (e.g. Meriter, Dean, UW). | [ ]  Yes [ ]  No [ ]  Unknown      |

(see page 2)

Outbreak suspected: [ ]  Foodborne [ ]  Person-to-Person [ ]  Waterborne [ ]  Other:

Do you want a public health nurse to call you to consult about this outbreak? [ ]  Yes [ ]  No

Other comments:

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| **LTCF Checklist** | **PHMDC Checklist** |
| [ ]  Implement control measures: <https://www.dhs.wisconsin.gov/publications/p0/p00653.pdf>  | [ ]  Ensure facility has “Recommendations for the prevention and control of norovirus and norovirus-like outbreaks in Wisconsin long-term care facilities” |
| [ ]  Initiate line lists of ill residents and staff[ ]  Submit stool specimens for testing through residents’ health care providers | [ ]  Refer caller to PHMDC’s LTCF website: <https://www.publichealthmdc.com/health-services/partners-providers>  |
| [ ]  Two weeks after last case, fax this form, line lists, and stool test results to ACD Admin at 608-266-4858 – **IMPORTANT!** This is required for the report submitted to the Division of Quality Assurance. | [ ]  Complete, initial, and date this form and fax it the reporting LTCF. This will serve as acknowledgement that the outbreak was reported to PHMDC. |

**Date:**       **PHMDC initials:**       **WEDSS ID#:**