California Department of Public Health – Viral and Rickettsial Disease Laboratory
GASTROENTERITIS OUTBREAK INFORMATION SUMMARY FORM

- Fill out one VRDL General Purpose Laboratory Submittal Form per sample.
- Select Disease Suspected as Gastroenteritis
- Complete the information below and send one copy with the individual submittal forms.

[ ] PCR Confirmed Norovirus Outbreak  [ ] PCR Negative for Norovirus
[ ] Samples Not Previously Tested

Name of institution: ______________________________________________________________

CITY: ______________________________ COUNTY__________________________________

CaREDIE ID/NORS ID____________________

Type of institution / setting (e.g. long term care facility, school, camp, restaurant, hospital, jail, cruise ship, catered event, etc):

Number of clinical cases _______ Number of cases hospitalized _____ Number of deaths ___

Number of residents / students / population-at-risk _______ Number of staff at risk ______

Total number of cases tested: _______ Number of laboratory-confirmed cases (if any): _____

Tested for bacteria?  □ Yes  □ No Results: ___________________________________________

Tested for ova and parasites?  □ Yes  □ No Results: _______________________________

Date of first case: _____/_____/______  □ ongoing or Date of last case: _____/_____/______

Suspected source: □ Foodborne  □ Waterborne  □ Person to person  □ Imported/travel
   □ Unknown  If source identified, note any additional information available:

_____________________________________________________________________________

* Outbreaks of any disease are reportable under the Title 17, California Code of Regulations. Please communicate with your local communicable disease control unit to ensure that any norovirus outbreaks are reported to the California Department of Public Health Statistics and Surveillance Section. Please send this completed form along with the individual specimen submittal forms.

Questions? Refer to the Acute Viral Gastroenteritis Laboratory Testing Quick Guide or contact the VRDL Medical and Epidemiological Liaison Section at (510) 307-8585.

Carl Hanson, PhD, Acting Laboratory Director
California Department of Public Health
Viral and Rickettsial Disease Laboratory
850 Marina Bay Parkway, Richmond, CA 94804
Phone (510) 307-8575  Fax (510) 307-8599
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Submitter, Please Enter Your Complete Mailing Address in the Box above