**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  No  If 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#:**