



**CALIFORNIA DEPARTMENT OF HEALTH SERVICES**  
**Viral and Rickettsial Disease Laboratory**  
**NOROVIRUS OUTBREAK SUBMITTAL FORM\***  
**FOR POSITIVE SPECIMENS/ RNA EXTRACT**

Name of institution/setting: \_\_\_\_\_

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

Number of residents/students/population-at-risk (if appropriate): \_\_\_\_\_

Number of staff (if appropriate): \_\_\_\_\_

Date of first case: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last case: \_\_\_\_/\_\_\_\_/\_\_\_\_

Suspected source:    Food-borne        Water-borne        Person-to-person        Imported/travel        Unknown

If source identified, note any additional information available:

\_\_\_\_\_  
 \_\_\_\_\_

Total number of clinical cases: \_\_\_\_ Number of cases hospitalized: \_\_\_\_ Number of cases who died: \_\_\_\_

Total number of cases tested: \_\_\_\_\_ Total number of laboratory-confirmed cases: \_\_\_\_\_

Tested for bacteria?        Yes        No        Results: \_\_\_\_\_

Tested for ova and parasites?    Yes        No        Results: \_\_\_\_\_

\* Reminder: 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 Health Services Statistics and Surveillance Section.

<b>VRDL Patient Accession # (For VRDL Use Only)</b>	<b>Patient Last Name, First Name</b>	<b>Sex</b>	<b>Age or DOB</b>	<b>Date of Diarrhea</b>	<b>Date Stool Collected</b>	<b>CT value and genotype</b>
		<b>M</b> <b>F</b>				
		<b>M</b> <b>F</b>				

LHD: \_\_\_\_\_ LHD Contact Name: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Date form filled out: \_\_\_\_/\_\_\_\_/\_\_\_\_