

**GASTROINTESTINAL ILLNESS/NOROVIRUS OUTBREAK LINE LIST
 FOR HEALTHCARE FACILITIES - PATIENTS/RESIDENTS**



Facility Name: _____

Contact Person/Phone No.: _____

Outbreak Number: _____

Demographics				Location		Illness Description						Diagnostics				Outcome			Comments			
Name (Last, First), MRN*	Date of birth	Age	Sex (M/F)	Unit and/or Room Number (admit date to onset date)	Date of admission	Date onset illness	Highest temperature (°F) †	Vomiting (Y/N)	Diarrhea (Y/N) ‡	Watery diarrhea (Y/N)	Bloody diarrhea (Y/N)	Date symptoms resolved	Specimen collected (Y/N, if yes, date)	Specimen type (stool, vomitus)	Diagnosis/Lab result	Sent to PHL§/outside lab (Y/N)	Hospitalized (Y/N) (if applicable)	Days hospitalized (if applicable)		Died (Y/N, if yes, date)		
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						

*Medical Record Number

†Highest temperature: measured oral, under armpit or rectal

‡Diarrhea: 3 or more loose/runny stools per 24-hour period

§LA County Public Health Laboratory

GASTROINTESTINAL ILLNESS/NOROVIRUS OUTBREAK LINE LIST FOR HEALTHCARE FACILITIES - STAFF



Acute Communicable Disease Control Program
313 N. Figueroa St., Rm. 212, Los Angeles, CA 90012
213-240-7941 (phone) 213-482-4856 (facsimile)
www.publichealth.lacounty.gov/acd/

Facility Name: _____ Contact Person/Phone No.: _____

Outbreak Number: _____

Demographics			Location/Contact					Illness Description						Diagnostics				Outcome		Comments				
Name (Last, First)	Date of birth	Sex (M/F)	Department +/- or Unit	Job title*	Direct patient contact (Y/N)	Work in multiple locations (Y/N)	Date last worked	Date returned to work	Date onset illness	Highest temperature (°F) †	Vomiting (Y/N)	Diarrhea (Y/N) ‡	Watery diarrhea (Y/N)	Bloody diarrhea (Y/N)	Date symptoms resolved	Specimen collected (Y/N, if yes, date)	Specimen type (stool, vomitus)	Diagnosis/Lab result	Sent to PHL§/outside lab (Y/N)		Hospitalized (Y/N) (if applicable)	Died (Y/N, if yes, date)		
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