Government of **Western Australia**
Department of **Health**

Gastroenteritis outbreak in a residential care facility

Case list form

☐ **Residents** ☐ **Staff (please tick box)**

- Please enter the information for cases below. Use separate forms for residents and staff. Check that each case is entered only once on the *case list form*.
- Use these Case list forms to gather the numbers for the *Daily/final cumulative case summary forms*.

Name of facility: _____ **Outbreak Coordinator:** _____

Case Details				Description of illness (tick any symptoms that apply)							Specimens		Sentinel Event*
Case no.	Name	DOB	Room # or occupation	Date of onset	Duration of illness	Vomit	Diarrh	Bloody diarrh	Fever	Abdo pain	Date sent	Pathogen result	Died

* Sentinel events: report to the PHU and OACQC within 24 hours of occurrence. On weekends and public holidays ONLY contact the Department of Health on-call duty officer on 9328 0553.