# Viral Gastroenteritis Outbreak Submission Form

**National Calicivirus Laboratory**

DASH Unit 186

Centers for Disease Control and Prevention Telephone: 404-639-1159

1600 Clifton Rd, N.E. Alternate: 404-639-3577

Atlanta, GA 30333 Fax: 404-639-3645

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact for Epidemiologic Investigation** **Primary Contact for Clinical Specimens**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OUTBREAK INFORMATION**

|  |  |
| --- | --- |
| State Outbreak Identification Number |  |
| Outbreak Date |  |
| End Date |  |
| Event Date(s) |  |
| City |  |
| County |  |
| State |  |
| Setting(e.g., long-term care facility) |  |
| Transmission(e.g., person-to-person, food) |  |
| Suspected Source |  |
| Additional Comments: |

**ILLNESS CHARACTERISTICS**

 Number

|  |  |
| --- | --- |
| Sick |  |
| Susceptible |  |
| Sought Care |  |
| Admitted to hospital |  |
| Deaths |  |
| Fever |  |
| Diarrhea |  |
| Vomitus |  |
| Duration (range, in hours) |  |
| Incubation time(range, in hours) |  |