

Centers for Disease Control and Prevention, Division of Viral Diseases, National Calicivirus Laboratory

Viral Gastroenteritis Outbreak Submission Form

National Calicivirus Laboratory

DASH Unit 186
 Centers for Disease Control and Prevention
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 Atlanta, GA 30333

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Date: _____

Agency: _____

Primary Contact for Epidemiologic Investigation

Name: _____

Telephone: _____

Email: _____

Primary Contact for Clinical Specimens

Name: _____

Telephone: _____

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

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0004).