



FACILITY:			CONTACT PERSON:			TELEPHONE:	
TODAY'S DATE:			Coast Garibaldi Health Protection North Shore Health Protection Richmond Health Protection Vancouver CDC		on Phone: ((604) 892-2793 (604) 983-6700 (604) 233-3147 (604) 675-3900	Fax: (604) 892-2327 Fax: (604) 983-6702 Fax: (604) 233-3175 Fax: (604) 731-2756
OUTBREAK DEFINITION: The	ree (3) or more	e cases of	gastroenteritis ir	children and/	or staff in the same se	tting, within a short period o	f time.
NOTE: a case of gastroenteritis is a child or period, OR an episode of unexplained vomiti least one symptom compatible with a gastroi	ing, OR one episo	de each of vo	miting and diarrhea in	n a 24 hour period	, OR one episode of bloody of	liarrhea, OR a lab confirmation of a	uid or watery stools in a 24hour known enteric pathogen with at
INSTRUCTIONS: 1. Report and record all cases of gastroenteritis using the table below. 2. Use a new form to daily update any new cases. 3. When requested; fax or email this form to the Health Protection office in your area.							
Name	Child or Staff	Program	Onse Date	-	Symptoms (See below)	Location of child during Onset of symptoms (e.g. Home, facility)	Date of Return
SYMPTOMS: V = Vomiting PROGRAMS: IN= Infant	D = Diarrhea T = Toddler			Fever Preschool	H = headache	A = Abdominal Pain	