

**Form for investigation of outbreaks of Norovirus (SRSV): .**

Date \_\_\_\_\_ Hospital or Community \_\_\_\_\_

Name of outbreak or outbreak extension <sup>1</sup> \_\_\_\_\_

Outbreak Code<sup>2</sup> - \_ / \_ / \_ (To be completed in Virus Lab)

Faxed (by Virus Lab) to Regional Epidemiologist (90263511) -

**Specimens enclosed/to follow (if known)**

<b>Name</b>	<b>DOB</b>	<b>Source</b>	<b>Specimen date</b>	<b>Specimen Type (vomit/faeces)</b>	<b>Result</b>

Which CCDC or Consultant Microbiologist has responsibility for this outbreak (essential information) \_\_\_\_\_

Name/ Grade of person sending specimens \_\_\_\_\_

Phone Number for Telephoned Results \_\_\_\_\_

Phone Number for Faxed Results \_\_\_\_\_

Notes:

- Faeces or vomit specimens are acceptable.
- Environmental and food specimens are not appropriate.
- No more than 6 samples should be sent from any outbreak.
- Send only one sample from each patient
- This form may be faxed to the RVL in advance of or separate from specimens.
- Positive results will be also be faxed to the CCDC/CM and regional epidemiologist.

<sup>1</sup> Name of outbreak eg nursing home name or hospital ward or other suitable term

<sup>2</sup> Outbreak code: Consultant Initials / Number of outbreak / Year This will be generated by the consultant virology staff in the Regional Virus Laboratory.