VERMONT
DEPARTMENT OF HEALTH

Norovirus-like Illness Outbreak Report Form

Norovirus-like illness is defined as acute onset of vomiting and non-bloody diarrhea

Reporting Information

Date of Report: _____ Person taking the report: _____

Name of facility: _____ Type of Facility: _____

Facility address: _____ County: _____

Caller Information

Name of caller: _____

E-mail address: _____ Phone: _____

Clinical Information

Date first person became ill: _____ Date last person became ill: _____

Shortest duration of illness: _____ Longest duration of illness: _____ Average duration of illness:_____

Group 1 description*: _____

Total # of people in Group 1: _____   Total # of ill people in Group1 : _____

Group 2 description*: _____

Total # of people in Group 2: _____   Total # of ill people in Group 2: ____

*For example: staff, residents, students, different wards, floors, grades, etc.

Total # of ill people among all groups:____

Laboratory Information

Was laboratory testing performed?   Yes   No

If yes, what tests were performed and at which laboratory:

_____

Were specimens sent to the Department of Health laboratory?   Yes   No

Number of lab-confirmed illnesses (# of people with Norovirus positive lab results) _____

Case Demographics

Of the total number of people ill, enter the number of people:

# of Male: _____   # of Female: _____   # of Unknown Sex:_____

of <1 yr:_____   # of 1-4 yrs: _____   # of 5-9 yrs: _____   # of 10-17 yrs: _____ # of 18-49 yrs: _____

of 50-64 yrs:_____   # of 65-74 yrs: _____   # of 75+yrs: _____   # Unknown age: _____

Died: _____   # Hospitalized: _____   # Visited Emergency Department: _____

Visited Health Care Provider: _____

Vomiting: _____   # Diarrhea: _____   # Bloody stool: _____   # Nausea: _____

Fever: _____   # Abdominal Cramps: _____   # Chills: _____   #Myalgia:_____

Other Symptoms (describe symptoms): _____

Notes: