Identifiers							Onset		Signs & Symptoms								Outcome					
List all residents and staff with any gastrointestinal illness.	Age	Sex	resident or staff	room # (residents only)	job duty code (staff only)	first vomiting or diarrhea	time	nausea	vomiting	Diarrhea (3+ loose stools in 24 hr)	fever	cramps	Other	Other	Other	duration of V or D	# work days missed (staff)	seen by MD	sent to ER	hospitalized overnight	died	
name	years	F/M	R/S		see below	date (m/d)	am/pm	N	V	D	3	F	С			hours	days	P	Е	Н	X	
Resident, Mary Q	83	F	R	212W		6/22	5 am		<b>√</b>	$\neg \sqrt{}$	$-\sqrt{}$	$-\sqrt{}$	?			72			<b>√</b>			
Nurses Aide, John Q	27	M	S		P	6/23	9 pm	<b>√</b>	<b>√</b>	$\sqrt{}$			<b>√</b>			28	1					

Job Duty Codes for Staff: P = patient care, F = food service, H = housekeeping M = maintenance, A = administrative/clerical, O = other

INSTRUCTIONS: Mark "yes" answers with a check mark; use a question mark if you're not sure. Refer to the examples. Use a separate sheet for each residential location (unit, ward, floor, etc.) Use additional sheets as necessary. Fax them daily to your local health department or as instructed.



## **Case Log Directions**



- 1. Complete name of county, full name of facility and outbreak number.
- 2. COMPLETE full name of ill resident or staff. (This is essential in getting lab results, etc.)
- 3. Provide age and gender of ill person. (This is important to characterize the outbreak)
- 4. Document Resident with room number or Staff with job duty code.
- 5. List date and time of onset.
- 6. Document all signs & symptoms with a checkmark.
- 7. Fill in duration of vomiting or diarrhea (which ever lasted longer). Indicate if ill person missed work (staff), was seen by a medical provider, in the ER or hospitalized overnight and if patient died (further information would be gathered to determine what role outbreak illness played in the case of a death).
- 8. Case log should be faxed to Cuyahoga County Board of Health, Epidemiology, Surveillance, and Informatics at 216-676-1316.