



## Initial Enteric Disease Outbreak Report

Completed By \_\_\_\_\_ Date \_\_\_\_\_

Facility \_\_\_\_\_ Telephone \_\_\_\_\_

### Nature of outbreak -presenting sign and symptoms:

Nausea                       Fever  
 Vomiting                     Head/ body aches  
 Diarrhea                     Other \_\_\_\_\_

### Number of Individuals reporting illness:

10 or less  
 11-25  
 26-50  
 51-99  
 100 or more

Number of Individuals seeking medical care: \_\_\_\_\_

Location, if known:

Hospital  
 Urgent care  
 Primary Care Provider

**Possible/Potential Source:**

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**Implicated food:**

Yes: specify \_\_\_\_\_

No

**Other potential source:**

Yes: specify \_\_\_\_\_

No

**Control measures taken:**

Exclusion

Increased cleaning/disinfection \_\_\_\_\_

Cohorting

Other \_\_\_\_\_

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