# Norovirus Outbreak Data Record

**For monitoring of all residents symptoms.**

Name of care area:  **Complete for all symptomatic cases *(See over page for example)***

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| **Name of resident/staff member** | **DOB** | **Symptom****(D, V)** | **Antibiotic****(Y or N)** | **Laxatives****enemas****(Y or N)** | **Stool Specimen date (X)** | **Specimen result****(+ or -)** | **Date of start and end of symptoms** |
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(D= diarrhoea, V= vomiting, Y= yes, N=no) X=date when specimen taken

EXAMPLE:

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| **Name of resident/ staff member** | **DOB** | **Symptom****(D, V)** | **Antibiotic****(Y or N)** | **Laxatives****enemas****(Y or N)** | **Stool Specimen date (X)** | **Specimen result****(+ or -)** | **Date of start and end of symptoms** |
| 19/9 | 20/9 | 21/9 | 22/9 | 23/9 | 24/9 | 25/9 | 26/9 | 27/9 | 28/9 | 29/9 | 30/9 | 1/10 | 2/10 | 3/10 | 4/10 | 5/10 |
| Joe blogs | 1/1/32 | D + V | N | N | 20/9 | + |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Jane Brown | 5/9/44 | V | N | Y |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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(D= diarrhoea, V= vomiting, Y= yes, N=no) X=date when stool specimen taken