Gastroenteritis outbreaks: Submission of samples to the West of Scotland Specialist Virology Centre

Email enquiries: west.ssvc@nhs.net

Telephone numbers: Internal: 38722 / External: 0141 201 8722

Address: West of Scotland Specialist Virology Centre, Level 5, New Lister Building, Glasgow Royal Infirmary, 10-16 Alexandra Parade, Glasgow G31 2ER, Scotland.

The Infection Control Teams (ICTs) in NHS GG&C and the West of Scotland Specialist Virology Centre (WoSSVC) will use the following definitions:

**Definition of a Case**

A patient who within a 24-hour period has had 2 or more episodes of non-bloody diarrhoea and/or 2 or more episodes of vomiting without having any other obvious cause for symptoms.

**Definition of an Outbreak/ Criteria for Ward Closure**

Two or more possible Norovirus infection cases in a single ward, unit or department within 24 hours. The decision to close a ward lies solely with the Infection Control Team and is taken on a basis of clinical risk assessment.

**ICN Actions**

The ICN will inform the laboratory of any urgent testing that needs to be carried out. Please use the email address outlined above.

**Laboratory Actions**

1) The **first 3 diarrhoeal samples of stool** from each notified outbreak ward should be **recorded on the WoSSVC Gastroenteritis Outbreak form**, booked into the local lab laboratory system and the samples and the WoSSVC outbreak form should then be forwarded to the WoSSVC.

2) No **additional samples should be sent** to the WoSSVC from the outbreak ward unless requested by the ICT. Samples need to be processed following local laboratory procedures.

3) All outbreak results will be faxed or emailed (if available) back to the referring laboratory (with the patient’s names replaced with initials). These results should be conveyed to the ICNs as soon as they become available following local laboratory procedure.

The WoSSVC is happy to process stool and vomit. **Non-diarrhoeal stool samples which do not take the shape of the container (i.e. liquid) will not be processed.** Details of the sample type should be recorded on the WoSSVC outbreak form.
West of Scotland Specialist Virology Centre
Gastroenteritis Outbreak Request Form

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<th>Referring Hospital</th>
<th>Ward</th>
<th>Return Fax No</th>
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<tr>
<th>Name</th>
<th>Date of birth</th>
<th>CHI Number</th>
<th>Sample type (Stool or Vomit)</th>
<th>Referring Lab Number (if applicable)</th>
<th>Result</th>
<th>WoSSVC sample number</th>
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**N.B.**

1. The outbreak form should only be used in an outbreak
2. Only 3 samples from each ward/area will be processed during a designated outbreak.
3. Only send one sample per patient.