

GASTRO PACK

What is the purpose of this information pack?

This package has been produced to assist aged care facilities in the event of an outbreak of gastroenteritis and provides information on its early identification, prevention and control.

Who needs to read it and be familiar with it?

All staff members of your institution should have access to and read the information provided in this pack. This will help to ensure early identification and response to gastroenteritis outbreaks. Early identification and response can mean fewer people (residents and staff) with gastroenteritis in your institution.

When will you need to use it?

The pack will be of use in the event of a gastroenteritis outbreak in your institution. NSW Health defines an outbreak as two or more people with sudden onset of vomiting or diarrhoea at the one time in an institution.

Who should I contact?

Gastroenteritis in an institution among people of any age and food borne illness in 2 or more related cases should be notified to your local Public Health Unit (NSW Department of Health. *Notification of Diseases under the Public Health Act 1991* Policy Directive 2005_359. Available URL: http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_359.pdf). Notifying the NSW Department of Health of such an outbreak is obligatory for Chief Executive Officers (or their delegates) of hospitals and nursing homes and medical practitioners and is recommended for hostels. A list of NSW Public Health Units is provided over the page.

How can the Public Health Unit (PHU) help and what is their role?

Your local PHU can assist by providing advice and support in the management and control of an outbreak of gastroenteritis in an institution. They may also be able to provide feedback on the most likely cause of the outbreak. PHU staff have expertise in managing infectious disease outbreaks.

WHAT IS IN THE GASTRO PACK?

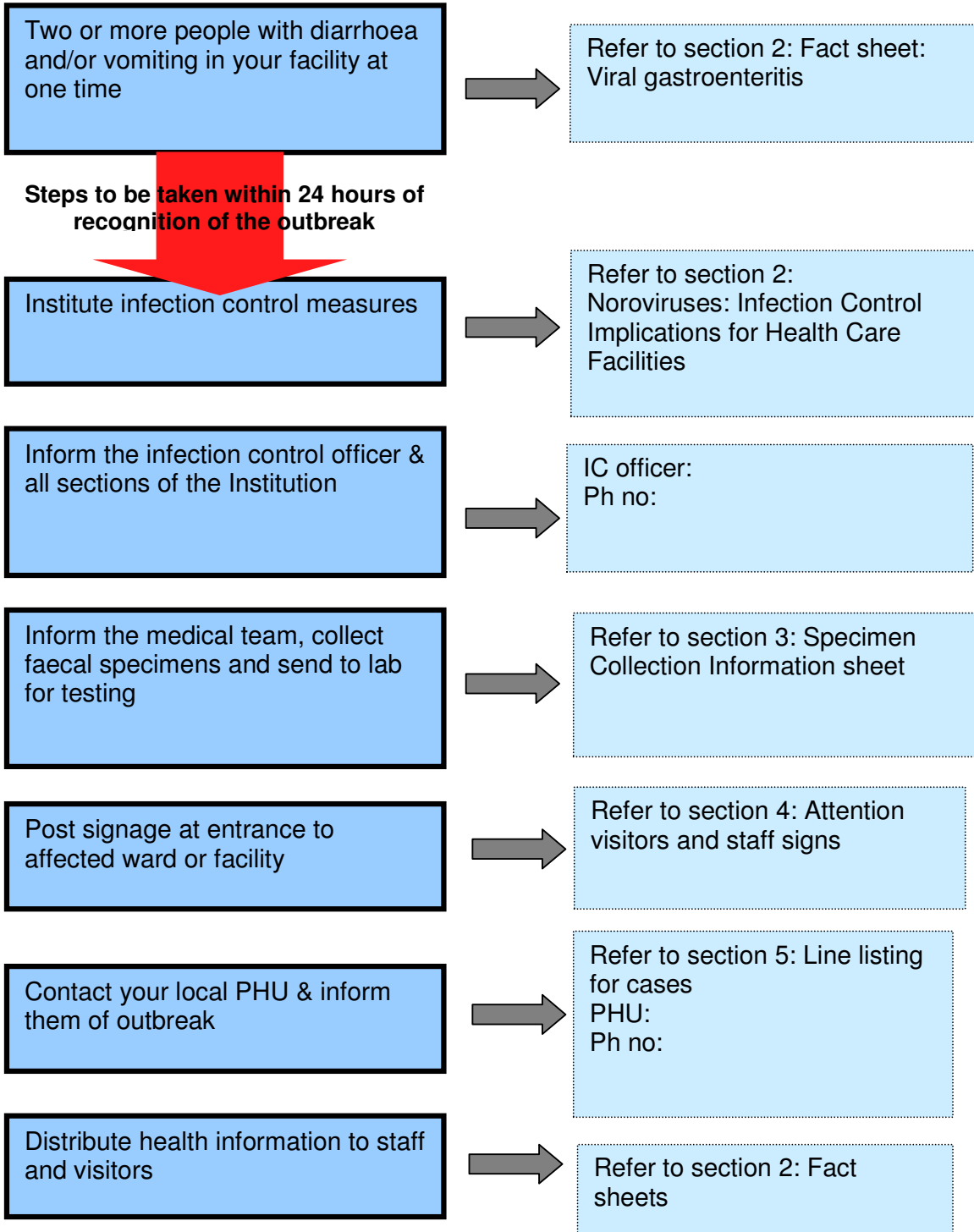
Section	Document type	Title	Suggestions for use
1	Flow chart:	Recognising and managing an outbreak of gastroenteritis in an institution	Provides a quick summary of action required that you can refer to in the event of an outbreak; Record the name and phone number of the infection control officer in your institution and your local public health unit and stick on a noticeboard where all staff may access at any time
2	Fact sheets:	Viral gastroenteritis	Suitable for wider distribution, for example to patients, residents and visitors; stick it on a noticeboard where all staff & visitors may access it at any time, and/or distribute to staff
		Noroviruses: Infection Control Implications for Health Care Facilities	Suitable for inclusion in your infection control policies/ procedures manual; refer to it in the event of an outbreak and follow the steps; stick it on a noticeboard where all staff may access at any time, and/or distribute to staff
3	Fact sheet:	Specimen collection	Refer to it in the event of an outbreak, contact your PHU and follow the steps
4	Signs:	Attention visitors	Stick it at the entrance to wards/institutions in the event of an outbreak
		Attention staff	Stick it at the staff entrance to wards/institutions in the event of an outbreak
5	Data sheet:	Line Listing for Gastroenteritis in an Institution	Complete the details of cases in an outbreak and fax to the local PHU on a daily basis

NSW Area Health Service	Public Health Units	Contact Phone Number
Greater Southern	Goulburn Office	02 4824 1837
	Albury Office	02 6080 8900
Greater Western	Broken Hill Office	08 8080 1499
	Dubbo Office	02 6841 5569
	Bathurst Office	02 6339 5601
Hunter/New England	Newcastle Office	02 4924 6477
	Tamworth Office	02 6767 8630
North Coast	Port Macquarie Office	02 6588 2750
	Lismore Office	02 6620 7500
Northern Sydney/Central Coast	Hornsby Office	02 9477 9400
	Gosford Office	02 4349 4845
South Eastern Sydney/Illawarra	Randwick Office	02 9382 8333
	Wollongong Office	02 4221 6700
Sydney South West	Camperdown Office (Eastern Zone)	02 9515 9420
	Liverpool Office (Western Zone)	02 9828 5944
Sydney West	Penrith Office	02 4734 2022
	Parramatta Office	02 9840 3603

You can also contact the NSW Infection Control Resource Centre on:
Telephone: 9332 9712 Facsimile: 9380 6572
<http://www.sesahs.nsw.gov.au/albionstcentre/infection/>

**NSW HEALTH GASTRO PACK SECTION 1:
RECOGNISING AND MANAGING AN OUTBREAK OF
GASTROENTERITIS IN YOUR INSTITUTION**

Gastro Pack Resources



Viral Gastroenteritis

Gastroenteritis is commonly caused by viral infections resulting in vomiting and diarrhoea. The viruses are easily spread from person to person. Thorough washing of hands with soap and running water are vital to prevent spread.

Issued: 01 September 2005

What is viral gastroenteritis?

Viral gastroenteritis is a common infection of the stomach and intestines that results in vomiting and diarrhoea. It can be caused by a number of different viruses, such as Rotavirus and Norovirus (previously known as Norwalk-like virus). There are many other causes of gastroenteritis including bacteria, toxins, parasites, and some non-infectious diseases.

What are the symptoms?

The main symptoms of viral gastroenteritis are vomiting and watery diarrhoea. Other symptoms may include nausea, fever, abdominal pain, headache, and muscle aches. Dehydration can follow. Symptoms can take between one and three days to develop and usually last between one and two days, sometimes longer.

How is it spread?

Viral gastroenteritis is highly infectious and is spread by the vomit or faeces of an infected person through:

- person-to-person contact, for example shaking hands with someone who has been sick and has the virus on their hands
- contaminated objects
- contaminated food or drink.

Infection may also be spread through aerosol particles when people vomit.

In most cases, spread occurs from a person who has symptoms. Some people can pass on the infection without symptoms, particularly in the first 48 hours after recovery.

Who is at risk?

Viral gastroenteritis can affect people of all ages.

How is it prevented?

After using the toilet, changing nappies, and before eating or preparing food, wash your hands thoroughly with soap and running water for at least 15 seconds and dry them with a clean towel.

How is it diagnosed?

A diagnosis of viral gastroenteritis is usually based on the person's symptoms. Laboratory confirmation is important during outbreaks, and involves testing samples of stool (faeces).

How is it treated?

There is no specific treatment for viral gastroenteritis except rest and drinking plenty of fluids. Most people will recover without complications. However, viral gastroenteritis can be serious for those who may have difficulty replacing fluids and salts lost through vomiting and diarrhoea.

People with vomiting or diarrhoea should:

- rest at home and not attend work or school or child care while sick
- not prepare food for others or care for patients, children, or the elderly. These precautions should continue until 48 hours after diarrhoea or vomiting ceases. This includes people who prepare food in the home or working in the food industry.
- wash hands thoroughly with soap and running water after using the toilet
- drink plenty of clear fluids, for example juice or soft drink diluted 1 part to 4 parts water, to prevent dehydration. Avoid undiluted fruit juice and soft drinks as they may increase dehydration and diarrhoea. Rehydration drinks that replace fluids lost are available from chemists. Intravenous fluids may be needed in severe cases of dehydration.

People caring for those with gastroenteritis should wash hands thoroughly with soap and running water after any contact with the sick person. Cleaning soiled surfaces and clothing reduces further spread of the virus.

When cleaning up vomit or faeces:

- wear gloves
- wash hands after gloves are removed and disposed
- use disposable paper towels or rags to remove any solid material and seal them in a plastic bag before placing in the rubbish bin
- clean any soiled object or surface with hot water and detergent and allow to dry thoroughly
- some people also recommend wearing a mask.

What is the public health response?

Outbreaks of viral gastroenteritis increase in winter and are common within families and group settings including nursing homes, hospitals, childcare centres, and schools. Doctors and hospitals are required to notify their local public health unit whenever there are at least two cases of gastroenteritis that are linked.

Public health units are able to:

- advise on how to identify an outbreak
- advise on how to control the outbreak
- help investigate outbreaks to determine the source and mode of transmission
- advise on the exclusion of people with viral gastroenteritis from work, school or other public gatherings.

For further information about:

- controlling outbreaks, please visit www.health.nsw.gov.au/infect/diseases.html and scroll down to Gastroenteritis (viral)
- how to look after children with gastroenteritis see the Gastroenteritis in Children fact sheet jointly developed by the Children’s Hospital Westmead at www.chw.edu.au and the Sydney Children’s Hospital at www.sch.edu.au.

Further information – Public Health Units in NSW					
For more information please contact your doctor, local public health unit or community health centre – look under <i>NSW Government</i> at the front of the White Pages.					
Metropolitan Areas			Rural Areas		
Northern Sydney / Central Coast	Hornsby	02 9477 9400	Greater Southern	Goulburn	02 4824 1837
	Gosford	02 4349 4845		Albury	02 6080 8900
South Eastern Sydney / Illawarra	Randwick	02 9382 8333	Greater Western	Broken Hill	08 8080 1499
	Wollongong	02 4221 6700		Dubbo	02 6841 5569
Sydney South West	Camperdown	02 9515 9420		Bathurst	02 6339 5601
Sydney West	Penrith	02 4734 2022	Hunter / New England	Newcastle	02 4924 6477
	Parramatta	02 9840 3603		Tamworth	02 6767 8630
Justice Health Service	Matraville	02 9311 2707	North Coast	Port Macquarie	02 6588 2750
				Lismore	02 6620 7500
NSW Department of Health	Nth Sydney	02 9391 9000			
NSW Health website	www.health.nsw.gov.au		© NSW Department of Health 2006		

NSW HEALTH GASTRO PACK SECTION 2:

NOROVIRUSES – INFECTION CONTROL IMPLICATIONS FOR HEALTH CARE FACILITIES

NSW Infection Control Resource Centre

Hand Washing and Hand Hygiene

- Hand washing is the most effective way of controlling noroviruses. Hands must be washed before and after all patient contact. Hands should be washed following contact with the affected patient's immediate environment and following all specimen contact, regardless of whether hands are visibly soiled.
- Hands should always be washed after personal toileting, before preparing or eating food, and after removing gloves or other personal protective equipment (PPE).
- Hands should be washed vigorously for a minimum of 15 seconds rubbing all surfaces of the hands and wrists.
- Nails should be kept short. False fingernails, nail extenders, nail polish and jewellery can restrict adequate cleaning of hands and harbour microorganisms including the virus and therefore not recommended.
- Refer to the *Hand Washing and Hand Hygiene for Health Care Facilities Information Sheet* available from the NSW Infection Control Resource Centre.

Standard Precautions and Additional Precautions

- Standard Precautions should be used for **ALL** patients. All body substances, secretions and excretions (except sweat), from all patients, should be treated as potentially infectious. Standard Precautions involves the use of safe work practices and protective barriers, such as hand washing, gloving, masking and gowning.
- Noroviruses are spread person-to-person via the faecal-oral route and also by vomitus, possibly due to aerosolisation of droplets. Transmission may also occur via contact with contaminated environmental surfaces, including patient equipment.
- There is evidence for transmission due to aerosolisation of virus particles that result in droplets contaminating surfaces or entering the oral mucosa and being swallowed.
- Contact and Droplet Precautions should be adopted in addition to Standard Precautions when caring for affected patients.

Contact and Droplet Precautions

- Contact Precautions includes wearing gloves and a plastic apron or gown when having contact with the patient or the patient's environment, especially when attending to patient toileting and hygiene.
- Protective eyewear and mask must be worn when there is the potential of vomit or faecal splashing.
- A mask should also be worn when there is the potential for aerosol dissemination. This may occur when attending a vomiting patient, toileting an affected patient, changing and handling soiled linen or any faecally soiled waste, attending a patient's personal hygiene care, disposing of faeces, or cleaning an affected patient's room or environment.
- Toilets where body waste is being disposed should have the lid of the toilet closed before flushing to stop faecal aerosols being generated.
- Personal protective equipment should be removed and hands washed before leaving the affected patient's room.

Personal Protective Equipment (PPE)

- It is important staff are competent in the correct wearing and removal of PPE to avoid inadvertently contaminating themselves.
- PPE should be donned before entering the affected isolation area.
- PPE must be removed in a way that does not allow transmission of norovirus to the wearer. Gloves are likely to be heavily contaminated and should be removed first.
- The steps in removing personal protective equipment are:
 1. Remove gloves by rolling back from the wrist, do not touch skin.
 2. Remove goggles/visor/shield
 3. Remove gown and fold carefully with contaminated side in and place in the appropriate linen or waste bin, depending on whether the gown is cloth or disposable.
 4. Remove mask by touching the tapes only, avoiding contact with the front of the mask, and discard in the waste bin.
 5. Immediately decontaminate hands well using an antimicrobial skin cleanser and water. If not immediately available, use an alcohol hand gel or rub and wash hands as soon as possible.

Single Room or Cohort

- Affected patients should be nursed in isolation with designated toilet/bathroom facilities, or cohorted with other affected patients. Caution is required when cohorting patients because gastroenteritis may be caused by different infectious agents.
- Avoid transfer of infected patients to unaffected areas to prevent spread of the infection.

Cleaning

- PPE, including mask, should be worn by people cleaning areas contaminated with faeces or vomitus.
- Once an outbreak has been identified, it is recommended that the cleaning of the affected area should be increased to twice daily.
- When cleaning toilet and bathroom areas, special attention should be given to cleaning all potentially contaminated areas, including toilet roll dispenser, toilet seats and lid, flushing handle or flushing mechanism, safety handles, shower chair, light switches, regardless of whether they are visibly soiled or not.
- Soiling due to vomiting and diarrhoea should be cleaned immediately with hot water and neutral detergent. It is then recommended that a clean environmental disinfection of the area be performed, eg freshly prepared hypochlorite 1000ppm (0.1%). Note that some hypochlorites are corrosive and may bleach furnishings and fabrics. Contaminated carpets should be cleaned with neutral detergent and hot water, then steam cleaned.
- Those responsible for decontamination and cleaning should not be food handlers.
- Infectious/isolation areas should be cleaned using yellow colour coded equipment designated for the affected area.

Linen

- PPE should be worn when handling used linen from an infected patient.
- Used linen, whether visibly soiled or not, should not be agitated to cause the spread of the virus through aerosols.
- Linen should be bagged and tied at the point of generation.
- Linen soiled with vomitus or faeces should be bagged, transported and stored in leak proof bags.
- The laundering of linen must be consistent with Australian Standard AS 4146: *Laundry Practice*.

Staff Movements

- Minimise as much as possible the circulation of staff between affected and unaffected areas. Where possible designated staff should care for affected patients.

Affected Staff

- Staff with gastrointestinal symptoms should leave work immediately and not return to work until 48 hours after their last episode of vomiting or diarrhoea.
- Food handlers should be excluded from food preparation until at least 48 hours after the symptoms have stopped.

- Recuperating staff may shed the virus for a number of weeks after their symptoms have disappeared, therefore the importance of hand washing and personal hygiene on returning to work should be reinforced.

Visitors

- Sensible management of visitors can assist in controlling outbreaks.
- Visiting should be minimised and patients informed of the required precautions.
- Children and immunocompromised individuals should be discouraged, where possible, from visiting during an outbreak.
- Visitors should be instructed on the application and removal of PPE and hand washing.
- Visitors with a history of vomiting and diarrhoea at home should not visit patients or residents until at least 48 hours after their last episode.

Miscellaneous

- Eating utensils, such as crockery, cutlery and food trays, should be washed and cleaned in the normal manner using hot water and detergent. No special requirements are necessary.

***For further information and resources contact the
NSW Infection Control Resource Centre
telephone: (02) 9332 9712, email: albicr@sesahs.nsw.gov.au***

**This Information Sheet should be read in conjunction with the
NSW Health Department**

***Infection Control Policy, Circular 2002/45, which be accessed at the following
website: www.health.nsw.gov.au***

References:

- Norwalk-like Virus Outbreak in Canberra: Implications for Infection Control in Aged Care Facilities. Miller, M. et al, CDI, vol.26, no.4, 2002
- Norwalk-Like Viruses: Public Health Consequences and Outbreak Management, Morbidity and Mortality Weekly Report, June 1, 2001, vol.50, No. RR-9
- Management of Hospitals Outbreaks of Gastroenteritis Due to Small Round Structured Viruses, Chadwick, P. et al, Journal of Hospital Infection, 2000. 45: 1-10
- National Guidelines on the Management of Outbreaks of Norovirus Infection in Healthcare Settings, prepared by the Viral Gastroenteritis Subcommittee of the Scientific Advisory Committee of the National Disease Surveillance Centre (Ireland)

NSW HEALTH GASTRO PACK SECTION 3:

COLLECTION OF SPECIMENS IN A GASTROENTERITIS OUTBREAK

The information below is provided to assist facility staff and treating doctors in managing the collection of specimens in the event of a gastroenteritis outbreak in your institution. You are also advised to consult your local Public Health Unit (PHU) and nominated laboratory in the collection and transportation of these specimens. Your local PHU may be able to assist and/or offer advice on issues such as: how many samples should be collected; what pathogens to test for; communication with laboratories; transportation and storage of specimens; and where to source specimen jars if needed. A contact list for NSW Public Health Units is provided over the page.

Specimen Collection

- Stool specimens should be collected as soon as possible after symptoms begin, whilst the stools are still liquid or semi-solid.
- A minimum of one specimen each from six ill persons within the institution should be collected.
- Staff should wear personal protective equipment when collecting specimens. For more information refer to 'Noroviruses: Infection Control Implications for Health Care Facilities' (section 2 of the Gastro Pack)
- Stool specimens should be collected in sterile specimen jars and should fill approximately half of the jar (10-20ml). Some methods of specimen collection include: placing a disposable plastic container inside the toilet before use by the patient; or using a disposable spoon/spatula to collect faecal matter from incontinence pads.

Specimen Storage and Transportation

- Where possible, give your nominated laboratory prior notice of the gastroenteritis outbreak in your facility. Liaise with the laboratory manager at the facility about: the number of stool specimens that you will be submitting and the estimated time frame for results. There may also be specific requirements for the collection of certain specimens
- Stool specimens should be kept refrigerated at 4°C. Arrange transportation to your nominated laboratory as soon as possible after collection. The specimens should be bagged, sealed and kept on ice or in a refrigerated container whilst transporting. Do not freeze specimens.

- Ensure each specimen jar is clearly labelled and the pathology request form is complete with patient details, including their Medicare number, the address of your institution, the tests requested, and the requesting practitioner details and signature. It is also worthwhile to include an outbreak name on the form to streamline testing
- The requesting doctor should ask for a copy of the results to be sent to the Public Health Unit, otherwise they will go only to the requestor. If the Public Health Unit would like to be advised as soon as the results are available then the Public Health Unit should liaise with the laboratory to confirm these arrangements.

Specimen Testing

- All specimens should undergo standard bacterial testing and testing for viral pathogens, depending on the symptom profile of patients and other epidemiological information. As a guide the following tests should be requested on the pathology form: microscopy culture and sensitivity and norovirus. However it is recommended you consult with your local PHU regarding what tests to request
- If viral pathogens are considered the likely cause of the gastroenteritis, aliquots of the samples should be forwarded to your nominated laboratory for viral studies as soon as possible, before bacterial cultures are finalised. Likewise if no bacterial pathogens are isolated then the sample should be forwarded by the pathology service to your nominated laboratory for viral studies, including norovirus. The norovirus EIA is routinely performed twice per week at ICPMR but may be performed on request after liaison with the laboratory
- Vomitus samples should only be collected after consultation with your nominated laboratory or local PHU. Stool specimens are preferred, however recommendations for the collection and storage of vomitus specimens are the same as those for stool specimens.

NSW Area Health Service	Public Health Units	Contact Phone Number
Greater Southern	Goulburn Office	02 4824 1837
	Albury Office	02 6080 8900
Greater Western	Broken Hill Office	08 8080 1499
	Dubbo Office	02 6841 5569
	Bathurst Office	02 6339 5601
Hunter/New England	Newcastle Office	02 4924 6477
	Tamworth Office	02 6767 8630
North Coast	Port Macquarie Office	02 6588 2750
	Lismore Office	02 6620 7500
Northern Sydney/Central Coast	Hornsby Office	02 9477 9400
	Gosford Office	02 4349 4845
South Eastern Sydney/Illawarra	Randwick Office	02 9382 8333
	Wollongong Office	02 4221 6700
Sydney South West	Camperdown Office (Eastern Zone)	02 9515 9420
	Liverpool Office (Western Zone)	02 9828 5944
Sydney West	Penrith Office	02 4734 2022
	Parramatta Office	02 9840 3603

NSW HEALTH GASTRO PACK SECTION 4: SIGNAGE



Attention Visitors

This facility currently has residents who are experiencing **gastroenteritis** (diarrhoea and vomiting)

You may wish to reconsider visiting at this time
If it is necessary that you visit please wash your hands thoroughly with soap and water before visiting and before leaving

If you have any questions please discuss with the nurse in charge

NSW HEALTH GASTRO PACK SECTION 4: SIGNAGE



Attention Staff

Our facility currently has residents &/or staff who are experiencing **gastroenteritis**

If you are sick with diarrhoea or vomiting please let your manager know and exclude yourself from work until at least 48 hours after your last episode of diarrhoea or vomiting

NSW HEALTH GASTRO PACK SECTION 5

LINE LISTING FOR A GASTROENTERITIS OUTBREAK IN AN AGED CARE FACILITY

This line listing is a table in which important information is recorded on each person who is ill with gastroenteritis in an outbreak. This information will assist you in keeping track of sick residents and staff, enabling you to implement control measures to stop the outbreak spreading. The information is collated by your local Public Health Unit (PHU) and enables staff to determine the nature of the outbreak and likely mode of transmission and to assist in controlling the outbreak.

Instructions for use

- Please notify your local PHU of an outbreak of gastroenteritis in your institution (two or more people with sudden onset of vomiting or diarrhoea at the one time) and for assistance in the use and completion of this form (see list of NSW PHUs below)
- Please complete the Line Listing Form including: facility name, facility type (e.g. nursing home and/or hostel), contact person and title, total number of staff and residents at the facility, date of first case and the date reported to the PHU.
- Please record details for each person in the facility with gastroenteritis illness. Please use the same line listing to record details of the new cases throughout the duration of the outbreak (do not restart the list each day).
- **In the event of an outbreak this line listing should be faxed daily to your local PHU.** Please ensure all details are completed for each case. If you have any questions please telephone your local PHU.

NSW Area Health Service	Public Health Units	Contact Phone Number
Greater Southern	Goulburn Office	02 4824 1837
	Albury Office	02 6080 8900
Greater Western	Broken Hill Office	08 8080 1499
	Dubbo Office	02 6841 5569
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NSW Health Gastro Pack Section 5: Line Listing for Gastroenteritis in an Aged Care Facility (page 1)

Name of Facility: _____ Total No: residents at facility: _____ Type of Aged Care Facility: Hostel Nursing Home
 Contact Person: _____ Position Title: _____ Telephone No: _____ Fax No: _____ Email: _____
 PHU Notified (tick) Date Reported to PHU: _____ Date First Case: _____ Unique name/number for outbreak: _____

CASE DETAILS						DESCRIPTION OF ILLNESS				SPECIMEN			OUTCOME
Case No.	Name code (2x2)	DOB & Age (yrs)	Gender	Staff (S) or Resident (R)	Current Ward or Room	Date of Onset	Time of Onset	Length of Illness (hrs)	Symptoms (see key)	Specimen Collected (Y/N) <i>If Yes, specify type</i>	Date Specimen Collected	Result (<i>specify name of bacteria, virus, parasite or toxin</i>)	Seen by Dr (Dr) Hospitalised (H) Died (D)

Symptoms Key: V=Vomiting D=Diarrhoea BD=Bloody Diarrhoea F=Fever>38.5C

Please use the same Line Listing for new cases – do not start a new one each day
 Please arrange stool samples (specimens) from affected persons _____

NSW Health Gastro Pack Section 5: Line Listing for Gastroenteritis in an Aged Care Facility (page 2)

CASE DETAILS						DESCRIPTION OF ILLNESS				SPECIMEN			OUTCOME
Case No.	Name code (2x2)	DOB & Age (yrs)	Gender	Staff (S) or Resident (R)	Current Ward or Room	Date of Onset	Time of Onset	Length of Illness (hrs)	Symptoms (see key)	Specimen Collected (Y/N) <i>If Yes, specify type</i>	Date Specimen Collected	Result <i>(specify name of bacteria, virus, parasite or toxin)</i>	Seen by Dr (Dr) Hospitalised (H) Died (D)

Symptoms Key: V=Vomiting D=Diarrhoea BD=Bloody Diarrhoea F=Fever>38.5C

Please use the same Line Listing for new cases – do not start a new one each day
Please arrange stool samples (specimens) from affected persons