

How to Complete the BCCDC Public Health Laboratory Gastrointestinal Disease Outbreak Notification Form

When a community based healthcare setting has reached the outbreak definition for Viral Gastrointestinal illness, stool or emesis samples can be sent to the BCCDC Provincial lab to determine the causative organism. BCCDC Provincial lab will only process samples if they receive the [BC Public Health Laboratory Gastrointestinal Disease Outbreak Notification Form](#). In the absence of this form, any samples sent to the lab are retained unprocessed until the notification is received. If a viral GI outbreak is declared at a community site Monday to Friday the Environmental Health Officer (EHO) will complete this form and send it to the lab. Samples from the affected site will be processed. On Saturday, Sunday and Statutory holidays, the EHO team is not working. It will be the responsibility of the ICP to contact the MHO on-call (604-527-4893) to let them know the site has met Outbreak Definition. If the MHO agrees and declares an outbreak, the ICP will be responsible to complete the BC Public Health Laboratory Gastrointestinal Disease Outbreak Notification form. Step to complete the form are outlined on the second page of the form, or you can follow the steps in this guidance document.

Step 1:

Complete the demographic information on the form

It is important to complete all information requested. Incomplete forms may result in testing delay. * See reverse for instructions	
OUTBREAK IDENTIFICATION: Vancouver Detox 2023 <small>Outbreak ID is specific to the event/facility/hospital ward followed by the year (e.g. Boardwalk Place 2009)</small>	HA & AREA: Vancouver Coastal Health - Vancouver <small>e.g. IHA, East Kootenay</small>
CONTACT NAME: Allyson Hankins	<input type="checkbox"/> EHO <input type="checkbox"/> MHO <input checked="" type="checkbox"/> ICP <input type="checkbox"/> Medical Microbiologist
CONTACT TELEPHONE: 604-313-4927 <small>Results: The person listed as the Contact will be notified of lab results by telephone. Public Health will continue to receive lab reports.</small>	<input type="checkbox"/> Other, specify _____

Step 2:

Add details about the location of the outbreak

LOCATION OF OUTBREAK		OUTBREAK SETTING	OUTBREAK SUB-SETTING
NAME OF INSTITUTION/EVENT/SOURCE: Vancouver Detox	<input type="checkbox"/> Residential Care <input type="checkbox"/> Hospital/Acute Care <input type="checkbox"/> Child Care/Pre-School <input type="checkbox"/> School/University <input type="checkbox"/> Correctional <input type="checkbox"/> Restaurant/Food Establishment <input type="checkbox"/> Cruise Ship <input type="checkbox"/> Conference/Meeting/Hotel <input type="checkbox"/> Private function <input type="checkbox"/> Camp <input checked="" type="checkbox"/> Other: Community Based Detox	Residential Care: <input type="checkbox"/> Acute Care <input type="checkbox"/> Extended Care <input type="checkbox"/> Private Hospital <input type="checkbox"/> Assisted Living <input checked="" type="checkbox"/> Other: Community Health Care Provider	
ADDRESS: 377 East 2nd Avenue			
CITY: Vancouver BC			
POSTAL CODE: V5T 1B9			
TELEPHONE: 604-658-1280			
		Child Care Centres (Age of Children): <input type="checkbox"/> 0 – 36 months <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> Multi-Age	



Step 3:

Provide details about the outbreak description

OUTBREAK DESCRIPTION					
CASE HISTORY ONSET DATE OF FIRST CASE: 31/Oct/2023 <small>(DD/MMM/YYYY)</small> NUMBER OF PATIENTS/RESIDENTS ILL: 5 TOTAL NUMBER OF PATIENTS/RESIDENTS: 41 NUMBER OF STAFF ILL: 0 TOTAL NUMBER OF STAFF (APPROX.): 25		SIGNS / SYMPTOMS <small>(MUST be completed for appropriate testing. Provide number of cases.)</small> <input checked="" type="checkbox"/> Diarrhea (3) <input checked="" type="checkbox"/> Watery <input type="checkbox"/> Bloody <input type="checkbox"/> Persistent <input checked="" type="checkbox"/> Vomiting (5) <input checked="" type="checkbox"/> Abdominal cramps (2) <input type="checkbox"/> Fever () <input type="checkbox"/> Other, specify: ()		MODE OF TRANSMISSION <input type="checkbox"/> Food <input type="checkbox"/> Water <input checked="" type="checkbox"/> Person to person <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify:	
SAMPLE DETAILS (IF AVAILABLE)	PATIENT NAME <small>(LAST NAME, FIRST NAME)</small>		PHN	DOB <small>(DD/MMM/YYYY)</small>	Date Sample Collected <small>(DD/MMM/YYYY)</small>
	1. Duck, Donald		966 321 470	01/Jan/1961	1/Nov/2023
	2. Mouse, Minnie		135 621 477	14/May/1981	31/Oct/2023
	3. Ren, Kyo		555 621 083	27/June/1974	31/Oct/2023
	4. Lord, Star		002 510 288	16/Nov/1969	1/Nov/2023
	5. Simpson, Bart		006 622 783	28/July/1991	2/Nov/2023
	6.				

Step 4:

Fax the completed form to the BCCDC Provincial lab at 604-707-2607

Step 5:

- Notify the affected site to send their samples to the lab for processing.
- Let the affected site know that each sample must be accompanied by the [Public Health Laboratory Gastrointestinal Disease Outbreak Requisition](#).
- Please provide your site with the MISYS# C00257. This number must be written on each requisition

Section 2 - Healthcare Provider Information

ORDERING PHYSICIAN <small>(Provide MSC#)</small> Name and address of report delivery VCH CDC Control MISYS#C00257 <input type="checkbox"/> I do not require a copy of the report		ADDITIONAL COPIES TO: <small>(Address / MSC#)</small> 1. 2. 3.		OUTBREAK ID
CLINIC OR HOSPITAL Name and address of report delivery PHSA CLIENT NO.				SAMPLE REF. NO.
				DATE COLLECTED <small>(DD/MMM/YYYY)</small>
				TIME COLLECTED <small>(HH:MM)</small>

