Public Health
Prevent. Promote. Protect.
Waukesha County

Acute Gastroenteritis Illness Outbreak Follow-Up

Please complete this form and fax to 262-970-6670 or email to publichealth@waukeshacounty.gov

Date: **Contact Person:**

Email: **Telephone Number:** **Fax Number:**

Facility Name: **Facility Address:**

Laboratory Confirmed Diagnosis (Check all that pertain):

- ☐ Norovirus
- ☐ Sapovirus
- ☐ Astrovirus
- ☐ C. Diff
- ☐ Salmonella
- ☐ Other (Specify):
- ☐ Shinga-Toxin E. Coli
- ☐ Campylobacter

Name of Unit(s) Affected:

	Total # at Facility	# Ill	# Exposed	Date of FIRST Onset	Date of LAST Onset	# Hospitalized	# of Deaths
Resident/Attendees:							
Staff/Employees:							

Date Outbreak Closed:

Updated:10/08/2026