

OUTBREAK REPORT FORM

Outbreak Summary		Outbreak No. _____			
Reporting Authority					
Name of public health officer responsible for case _____					
Date outbreak reported _____		<input type="radio"/> Interim report <input type="radio"/> Final report - date finalised _____			
Disease and Implicated Pathogen, Toxin or Chemical					
Name of implicated pathogen, toxin or chemical (if known) _____					
Subtype _____					
Other known pathogen _____					
Unknown pathogen <input type="checkbox"/> Gastroenteritis					
<input type="checkbox"/> Other illness (specify) _____					
CASE DEFINITION(S)					
Laboratory-confirmed case _____					
Other confirmed case _____					
Probable case _____					
Outbreak Demographics					
Number of cases		Lab confirmed (as per case defn above) _____		Number Hospitalised _____	
		Other confirmed (as per case defn above) _____		Number Died _____	
		Probable (as per case defn above) _____			
		Total _____			
Outbreak dates		Onset of illness in first case _____			
		Onset of illness in last case _____		or <input type="checkbox"/> Outbreak ongoing	
Age of cases		Median age (years) _____		Range (years) _____	
Sex of cases		Number of males _____		Number of females _____	
Incubation period		Median _____ <input type="radio"/> days <input type="radio"/> hrs		Range _____ <input type="radio"/> days <input type="radio"/> hrs	
Duration of illness		Median _____ <input type="radio"/> days <input type="radio"/> hrs		Range _____ <input type="radio"/> days <input type="radio"/> hrs	
Circumstances of Exposure/Transmission					
How was the outbreak recognised and links among cases established? (tick all that apply)					
<input type="checkbox"/> Increase in disease incidence					
<input type="checkbox"/> Cases attended common event					
<input type="checkbox"/> Cases linked to common source (eg food, water, environmental site)					
<input type="checkbox"/> Cases had person to person contact with other cases(s)					
<input type="checkbox"/> Common organism type/strain characteristics between cases					
<input type="checkbox"/> Other means (specify) _____					

Circumstances of Exposure/Transmission contd

Type of outbreak (tick one)

- Common event
- Common source dispersed in community (eg food, water)
- Common source in specific place (eg environmental site, farm animals)
- Community-wide, person to person transmission
- Institutional (transmission within a defined setting)
- Household (transmission within a single household)
- Other outbreak type (specify) _____
- Unknown outbreak type

Were these cases part of a well-defined exposed group

- Yes No Unknown

(eg Common event, institutional, environmental, household)

If yes, number exposed _____

Date of exposure _____

If exposure >1 day, date exposure ended _____

Description of exposure event _____

Setting where exposure transmission occurred or contaminated food/beverage was prepared for consumption

(Tick all that apply). Note - if food was prepared at a different place to where it was consumed, tick each box that applies.

- | | | |
|-----------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Home | <input type="checkbox"/> Tangi/hui | <input type="checkbox"/> Restaurant/cafe |
| <input type="checkbox"/> Hostel/boarding house | <input type="checkbox"/> Camp | <input type="checkbox"/> Takeaway |
| <input type="checkbox"/> Hotel/motel | <input type="checkbox"/> Community/church gathering | <input type="checkbox"/> Supermarket/delicatessen |
| <input type="checkbox"/> Rest home | <input type="checkbox"/> Childcare centre | <input type="checkbox"/> Caterers |
| <input type="checkbox"/> Hospital (continuing care) | <input type="checkbox"/> School | <input type="checkbox"/> Abattoir/meat processing plant |
| <input type="checkbox"/> Hospital (acute care) | <input type="checkbox"/> Swimming/spa pool | <input type="checkbox"/> Other food outlet |
| <input type="checkbox"/> Prison | <input type="checkbox"/> Workplace (specify type of workplace) _____ | |

Farm _____

Other setting (specify) _____

Unknown

Name of setting (if applicable) _____

Address	Number	Street	Suburb
	Town/City		PostCode
_____	_____	_____	_____
	_____		_____

Geographic location where exposure/transmission occurred (tick one)

- Single health district (specify) _____
- Multiple health districts _____
- TLA (specify) _____
- Overseas (specify country) _____
- Unknown

Circumstances of Exposure/Transmission contd

Mode of transmission (tick all that apply)

- Foodborne, from consumption of contaminated food or drink (excluding water)
- Waterborne, from consumption of contaminated drinking water
- Person to person spread, from (non-sexual) contact with an infected person (including droplets)
- Sexual, from sexual contact with an infected person
- Parenteral, from needle stick injury or reuse of contaminated injection equipment
- Environmental, from contact with an environmental source (eg swimming)
- Zoonotic, from contact with an infected animal
- Vectorborne, from contact with an insect vector
- Other mode of transmission (specify) _____
- Unknown mode of transmission

Vehicle/source of common source outbreak

Was a specific contaminated food, water or environmental vehicle/source identified? Definite Suspect No Unknown

If suspected or definite, list all vehicles/sources in detail

Was the vehicle/source linked to a commercial operator? Yes No

If yes, list all the operators and record whether each had a Ministry of Health approved food safety plan (FSP) in place.

Name of food operators	MoH approved FSP in place?		
_____	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
_____	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
_____	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown

Evidence for mode of transmission (tick all that apply)

- Epidemiological - case had history of exposure to implicated source
- Epidemiological - case control or cohort study showed elevated risk for cases exposed to implicated source
- Laboratory - pathogen/toxin/chemical suspected to have caused illness identified in implicated source eg leftover food, water, animal or environmental source
- Laboratory - pathogen suspected to have caused illness identified in food handler
- Environmental investigation - identified critical control point failures linked to implicated source
- Other evidence (specify) _____
- No evidence obtained

Factors Contributing to Outbreak

Foodborne outbreak (tick all that apply)

Time/temperature abuse

- Inadequate reheating of previously cooked food
- Improper storage prior to preparation
- Inadequate thawing
- Preparation too far in advance
- Undercooking
- Improper hot holding
- Inadequate cooling or refrigeration
- Other factor (specify) _____
- Unknown factors

Contamination of food

- Cross contamination
- Contamination from an infected food handler
- Chemical contamination

Unsafe sources

- Use of ingredients from unsafe sources
- Use of untreated water in food preparation
- Consumption of unpasteurised milk
- Consumption of raw food

Waterborne outbreak (tick all that apply)

- Contamination of source water
- Treatment process failure
- Post treatment contamination
- Other factor (specify) _____
- Unknown factors
- Untreated water supply
- Contamination of reservoir(s)/holding tank(s)

Specify the implicated supply distribution zone

Zone code _____ Unknown

Other outbreak (tick all that apply)

Person to person

- Inadequate vaccination coverage
- Inadequate vaccination effectiveness
- Exposure to infected people
- Poor hygiene of cases
- Excessively crowded living conditions
- Unprotected sexual activity
- Needle/syringe reuse by injecting drug users
- Other factor (specify) _____
- Unknown factors

Environmental

- Exposure to contaminated environment(s)
- Exposure to infected animals or animal products
- Exposure to untreated recreational water
- Exposure to contaminated swimming pool
- Exposure to inadequately maintained swimming pool

Evidence for implicating a contributing factor

- Environmental investigation - identified critical point failure(s)
- Other evidence for factor contributing to outbreak (specify) _____

