

Circumstances of Exposure/Transmission

How was the outbreak first recognised? HowFirstRecognised

- Increase in disease incidence
- Cases attended common event
- Cases linked to common source (eg food, water, environmental site)
- Other means (specify)
- Cases had person to person contact with other cases(s)
- Common organism type/strain characteristics between cases

Were these cases part of a well-defined exposed group **Exposed** Yes No Unknown
 (eg Common event, institutional, environmental, household)

If yes, date of exposure **ExpoDate** If exposure >1 day, date exposure ended **DateExpEnd**

Description of exposure event

First setting where exposure occurred

Setting unknown **ExposureUnknown1**

- Food premises **ExposureType1**
- Restaurant/café/bakery **ExposureFP1**
- Takeaway
- Supermarket/delicatessen
- Temporary or mobile service
- Fast food restaurant
- Caterers
- Other food outlet
- Institution
- Hostel/boarding house **ExposureInst1**
- Hotel/motel
- Long term care facility
- Hospital (acute care)
- Prison
- Camp
- School Childcare centre
- Marae
- Other institution
- Workplace/Community/Other
- Workplace **ExposureOther1**
- Farm
- Petting zoo
- Home
- Community, church, sports gathering
- Cruise ship, airline, tour bus, train
- Other setting

Setting name

Setting Address Number Street Suburb
 Town/City Post Code GeoCode

Second setting where exposure occurred

Setting unknown **ExposureUnknown2**

- Food premises **ExposureType2**
- Restaurant/café/bakery **ExposureFP2**
- Takeaway
- Supermarket/delicatessen
- Temporary or Mobile Service
- Fast food restaurant
- Caterers
- Other food outlet
- Institution
- Hostel/boarding house **ExposureInst2**
- Hotel/motel
- Long term care facility
- Hospital (acute care)
- Prison
- Camp
- School Childcare centre
- Marae
- Other institution
- Workplace/Community/Other
- Workplace **ExposureOther2**
- Farm
- Petting zoo
- Home
- Community, church, sports gathering
- Cruise ship, airline, tour bus, train
- Other setting

Setting name

Setting Address Number Street Suburb
 Town/City Post Code GeoCode

Circumstances of Exposure/Transmission contd

First setting where contaminated food/beverage was prepared

Setting unknown **PreparationUnknown1**

- Overseas manufacturer, specify **PreparationType1**
- Food premises
 - Institution
 - Workplace/Community/Other
 - Restaurant/café/bakery **PreparationFP1**
 - Hostel/boarding hse **PreparationInst1**
 - Workplace **PreparationOther1**
 - Takeaway
 - Hotel/motel
 - Farm
 - Supermarket/delicatessen
 - Long term care facility
 - Petting zoo
 - Temporary or Mobile Service
 - Hospital (acute care)
 - Home
 - Fast food restaurant
 - Prison
 - Community,church,sports gathering
 - Caterers
 - Camp
 - Cruise ship, airline, tour bus, train
 - Other food outlet
 - School Childcare centre
 - Commercial food manufacturer
 - Marae
 - Other setting
 - Other institution

Setting name

Setting Address

Number Street Suburb
 Town/City Post Code GeoCode

Second setting where contaminated food/beverage was prepared

Setting unknown **PreparationUnknown2**

- Overseas manufacturer, specify **PreparationType2**
- Food premises
 - Institution
 - Workplace/Community/Other
 - Restaurant/café/bakery **PrepartionFP2**
 - Hostel/boarding hse **PreparationInst2**
 - Workplace **PreparationOther2**
 - Takeaway
 - Hotel/motel
 - Farm
 - Supermarket/delicatessen
 - Long term care facility
 - Petting zoo
 - Temporary or Mobile Service
 - Hospital (acute care)
 - Home
 - Fast food restaurant
 - Prison
 - Community,church,sports gathering
 - Caterers
 - Camp
 - Cruise ship, airline, tour bus, train
 - Other food outlet
 - School Childcare centre
 - Commercial food manufacturer
 - Marae
 - Other setting
 - Other institution

Setting name

Setting Address

Number Street Suburb
 Town/City Post Code GeoCode

Geographic location where exposure occurred (tick one) **ExposureLocation**

- New Zealand
- Overseas, specify
- Unknown

If exposure occurred in New Zealand, specify

Primary TA

DHB(s)

Health District(s)

Circumstances of Exposure/Transmission contd

Mode of transmission (indicate the primary mode and all secondary modes)

- Foodborne, from consumption of contaminated food or drink (excluding water) **Foodborne**
 Mode **FoodborneMode** prim sec Level of evidence **FoodborneEvid** 1 2a 2b 3a 3b 3c 4
- Waterborne, from consumption of contaminated drinking water **Waterborne**
 Mode **WaterborneMode** prim sec Level of evidence **WaterborneEvid** 1 2a 2b 3a 3b 3c 4
- Person to person spread, from (non-sexual) contact with an infected person (including droplets) **PersToPers**
 Mode **PersToPersMode** prim sec Level of evidence **PersToPersEvid** 1 2a 2b 3a 3b 3c 4
- Sexual, from sexual contact with an infected person **SexualContact**
 Mode **SexualContactMode** prim sec Level of evidence **SexualContactEvid** 1 2a 2b 3a 3b 3c 4
- Parenteral, from needle stick injury or reuse of contaminated injection equipment **Parenteral**
 Mode **ParenteralMode** prim sec Level of evidence **ParenteralEvid** 1 2a 2b 3a 3b 3c 4
- Environmental, from contact with an environmental source (eg swimming) **Environmental**
 Mode **EnvironmentalMode** prim sec Level of evidence **EnvironmentalEvid** 1 2a 2b 3a 3b 3c 4
- Zoonotic, from contact with an infected animal **Zoonotic**
 Mode **ZoonoticMode** prim sec Level of evidence **ZoonoticEvid** 1 2a 2b 3a 3b 3c 4
- Vectorborne, from contact with an insect vector **Vectorborne**
 Mode **VectorborneMode** prim sec Level of evidence **VectorborneEvid** 1 2a 2b 3a 3b 3c 4
- Other mode of transmission (specify)
 Mode **OthModeMode** prim sec Level of evidence **OthModeEvid** 1 2a 2b 3a 3b 3c 4
- Mode of transmission unknown **ModeUnknown**

Vehicle/source of common source outbreak

Was a specific contaminated food, water or environmental vehicle/source identified? **FWESourceIdentified** Yes No Unknown

If yes,

Source 1

Level of evidence **FWESourceEvid1** 1 2a 2b 3a 3b 3c 4

Food category ESR Updated **FWESourceESRUpdated1** Date **FWESourceDateUpdated1**

Source 2

Level of evidence **FWESourceEvid2** 1 2a 2b 3a 3b 3c 4

Food category ESR Updated **FWESourceESRUpdated2** Date **FWESourceDateUpdated2**

Source 3

Level of evidence **FWESourceEvid3** 1 2a 2b 3a 3b 3c 4

Food category ESR Updated **FWESourceESRUpdated3** Date **FWESourceDateUpdated2**

Factors Contributing to Outbreak

Foodborne outbreak (tick all that apply)

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> Inadequate reheating of previously cooked food Reheat | <input type="radio"/> Confirmed | <input type="radio"/> Suspected ReheatCS |
| <input type="checkbox"/> Improper storage prior to presentation StorPrior | <input type="radio"/> Confirmed | <input type="radio"/> Suspected StorPriorCS |
| <input type="checkbox"/> Inadequate thawing Thaw | <input type="radio"/> Confirmed | <input type="radio"/> Suspected ThawCS |
| <input type="checkbox"/> Preparation too far in advance Prepar | <input type="radio"/> Confirmed | <input type="radio"/> Suspected PreparCS |
| <input type="checkbox"/> Undercooking UnderCook | <input type="radio"/> Confirmed | <input type="radio"/> Suspected UnderCookCS |
| <input type="checkbox"/> Improper hot holding Warming | <input type="radio"/> Confirmed | <input type="radio"/> Suspected WarmingCS |
| <input type="checkbox"/> Inadequate or slow cooling or refrigeration Refridg | <input type="radio"/> Confirmed | <input type="radio"/> Suspected RefridgCS |
| <input type="checkbox"/> Cross contamination due to improper handling or storage XContaIm | <input type="radio"/> Confirmed | <input type="radio"/> Suspected XContaImCS |
| <input type="checkbox"/> Cross contamination from an infected food handler Handler | <input type="radio"/> Confirmed | <input type="radio"/> Suspected HandlerCS |
| <input type="checkbox"/> Chemical contamination ChemCon | <input type="radio"/> Confirmed | <input type="radio"/> Suspected ChemConCS |
| <input type="checkbox"/> Use of ingredient from an unsafe source UnsafeIng | <input type="radio"/> Confirmed | <input type="radio"/> Suspected UnsafeIngCS |
| <input type="checkbox"/> Use of untreated water in food preparation UntrWat | <input type="radio"/> Confirmed | <input type="radio"/> Suspected UntrWatCS |
| <input type="checkbox"/> Consumption of unpasteurised milk UnPastMilk | <input type="radio"/> Confirmed | <input type="radio"/> Suspected UnPastMilkCS |
| <input type="checkbox"/> Consumption of raw food RawF | <input type="radio"/> Confirmed | <input type="radio"/> Suspected RawFCS |
| <input type="checkbox"/> Other factors, specify FOthFac | <input type="radio"/> Confirmed | <input type="radio"/> Suspected FOthFacCS |

FOthFacSpec

Waterborne outbreak (tick all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Surface water with no treatment SurfaceNoTmt | <input type="radio"/> Confirmed | <input type="radio"/> Suspected SurfaceNoTmtCS |
| <input type="checkbox"/> Roof collected rainwater with no treatment RoofNoTmt | <input type="radio"/> Confirmed | <input type="radio"/> Suspected RoofNoTmtCS |
| <input type="checkbox"/> Groundwater not assessed as secure and with no treatment GroundNoTmt | <input type="radio"/> Confirmed | <input type="radio"/> Suspected GroundNoTmtCS |
| <input type="checkbox"/> Source water quality inferior to normal, SourceInfToNormal | <input type="radio"/> Confirmed | <input type="radio"/> Suspected SourceInfToNormalCS |
| If source water quality inferior to normal, specify | <input type="text" value="SourceInfToNormalSpecify"/> | |
| <input type="checkbox"/> Inadequately treated water supply InadTmt | <input type="radio"/> Confirmed | <input type="radio"/> Suspected InadTmtCS |
| <input type="checkbox"/> Recent of ongoing treatment process failure TreatFail | <input type="radio"/> Confirmed | <input type="radio"/> Suspected TreatFailCS |
| <input type="checkbox"/> Contamination of post treatment water storage ContPostTmtStorage | <input type="radio"/> Confirmed | <input type="radio"/> Suspected ContPostTmtStorageCS |
| <input type="checkbox"/> Post treatment contamination (other) PostCont | <input type="radio"/> Confirmed | <input type="radio"/> Suspected PostContCS |
| If post treatment contamination (other), specify | <input type="text" value="PostContSpecify"/> | |

Specify the WINZ supply code of the implicated water supply

WSZone

Person to person outbreak (tick all that apply)

- | | | |
|---|---------------------------------|---|
| <input type="checkbox"/> Inadequate vaccination cover InAdVac | <input type="radio"/> Confirmed | <input type="radio"/> Suspected InAdVacCS |
| <input type="checkbox"/> Inadequate vaccination effectiveness VacEff | <input type="radio"/> Confirmed | <input type="radio"/> Suspected VacEffCS |
| <input type="checkbox"/> Exposure to infected person ExPeople | <input type="radio"/> Confirmed | <input type="radio"/> Suspected ExPeopleCS |
| <input type="checkbox"/> Poor hygiene of cases PoorHy | <input type="radio"/> Confirmed | <input type="radio"/> Suspected PoorHyCS |
| <input type="checkbox"/> Excessively crowded living conditions Crowd | <input type="radio"/> Confirmed | <input type="radio"/> Suspected CrowdCS |
| <input type="checkbox"/> Unprotected sexual activity UnprSex | <input type="radio"/> Confirmed | <input type="radio"/> Suspected UnprSexCS |
| <input type="checkbox"/> Compromised immune system ComplImmSystem | <input type="radio"/> Confirmed | <input type="radio"/> Suspected ComplImmSystemCS |

Outbreak Summary

Outbreak No.

Factors Contributing to Outbreak**Environmental outbreak** (tick all that apply)

- | | | | |
|--|---------------------------------|---------------------------------|-----------------------------|
| <input type="checkbox"/> Exposure to contaminated land ExpContLand | <input type="radio"/> Confirmed | <input type="radio"/> Suspected | ExpContLandCS |
| <input type="checkbox"/> Exposure to contaminated air (including ventilation) ExpContAir | <input type="radio"/> Confirmed | <input type="radio"/> Suspected | ExpContAirCS |
| <input type="checkbox"/> Exposure to contaminated built environments(inc dwellings)
ExpContBuilt | <input type="radio"/> Confirmed | <input type="radio"/> Suspected | ExpContBuiltCS |
| <input type="checkbox"/> Exposure to infected animals or animal products ExpAnimal | <input type="radio"/> Confirmed | <input type="radio"/> Suspected | ExpAnimalCS |
| <input type="checkbox"/> Exposure to contaminated swimming/spa pools ExpContPool | <input type="radio"/> Confirmed | <input type="radio"/> Suspected | ExpContPoolCS |
| <input type="checkbox"/> Exposure to contaminated other recreational water
ExpContOthRecWater | <input type="radio"/> Confirmed | <input type="radio"/> Suspected | ExpContOthRecWaterCS |

Other outbreaks

- | | | | |
|--|---------------------------------|---------------------------------|------------------|
| <input type="checkbox"/> Other risk factor, specify OOthFac | <input type="radio"/> Confirmed | <input type="radio"/> Suspected | OOthFacCS |
|--|---------------------------------|---------------------------------|------------------|

Management of the OutbreakWas there any specific action taken to control the outbreak? **SpecAction** Yes No Unknown

If yes, list the control measures undertaken (tick all that apply)

Source**Specify**

- | | |
|---|--|
| <input type="checkbox"/> Closure SrcClis | <input type="text" value="SrcClisSpec"/> |
| <input type="checkbox"/> Modification of procedures SrcMod | <input type="text" value="SrcModSpec"/> |
| <input type="checkbox"/> Cleaning, disinfection SrcClean | <input type="text" value="SrcCleanSpec"/> |
| <input type="checkbox"/> Removal SrcRem | <input type="text" value="SrcRemSpec"/> |
| <input type="checkbox"/> Treatment SrcTreat | <input type="text" value="SrcTreatSpec"/> |
| <input type="checkbox"/> Exclusion SrcExcl | <input type="text" value="SrcExclSpec"/> |
| <input type="checkbox"/> Isolation SrcIso | <input type="text" value="SrcIsoSpec"/> |
| <input type="checkbox"/> Health education and advice SrcHealth | <input type="text" value="SrcHealthSpec"/> |
| <input type="checkbox"/> Health warning SrcHealthWarn | <input type="text" value="SrcHealthWarnSpec"/> |

Vehicles and vectors

- | | |
|---|--|
| <input type="checkbox"/> Removal VehVecRem | <input type="text" value="VehVecRemSpec"/> |
| <input type="checkbox"/> Treatment VehVecTreat | <input type="text" value="VehVecTreatSpec"/> |

Contacts and potential contacts

- | | |
|--|---|
| <input type="checkbox"/> Chemoprophylaxis ContChem | <input type="text" value="ContChemSpec"/> |
| <input type="checkbox"/> Vaccination ContVac | <input type="text" value="ContVacSpec"/> |
| <input type="checkbox"/> Health education and advice ContHealth | <input type="text" value="ContHealthSpec"/> |

Other control measures (specify)

Management of the Outbreak

Was insufficient information supplied to complete the form? **InsufficientInfo** Yes No Unknown

Other comments on outbreak**OthComm**

Please attach a copy of written report if prepared.

Level of Evidence Codes

- 1 Elevated risk ratio or odds ratio with 95% confidence intervals not including 1 AND laboratory evidence
- 2a Elevated relative risk or odds ratio with 95% confidence intervals not including 1
- 2b Laboratory evidence, same organism and sub type detected in both cases and vehicle (to the highest level of identification)
- 3a Compelling evidence, symptomatology attributable to specific organism e.g. scrombrotoxin, ciguatoxin etc
- 3b Other association i.e. organism detected at source but not linked directly to the vehicle or indistinguishable DNA or PFGE profiles
- 3c Raised but not statistically significant relative risk or odds ratio
- 4 No evidence found but logical deduction given circumstances