

OUTBREAK REPORT FORM

Outbreak Summary	Outbreak No. _____
Reporting Authority	
Officer responsible for investigation _____ Date outbreak reported _____	
<input type="radio"/> Interim report <input type="radio"/> Final report - date finalised _____ <input type="radio"/> Not an outbreak	
Name of outbreak (optional) _____	
Condition and Implicated Contaminant	
Implicated contaminant (pathogen) _____ <input type="checkbox"/> Unknown	
subtype _____	
Condition (disease) _____ Other, specify _____	
Other known condition/implicated pathogen <input type="radio"/> Yes <input type="radio"/> No	
Implicated contaminant (pathogen) _____ <input type="checkbox"/> Unknown	
subtype _____	
Condition (disease) _____ Other, specify _____	
CASE DEFINITION(S)	
Laboratory confirmed case	

Clinically confirmed case	

Probable case	

Outbreak Demographics	
Number of people exposed _____ <input type="radio"/> Actual <input type="radio"/> Approx <input type="checkbox"/> Unknown	
Number of cases (as per case defn above)	
Lab confirmed _____	Number Hospitalised _____
Clinically confirmed _____	Number Died _____
Probable _____	
Total	_____
Outbreak dates	
Onset of illness in first case _____	
Onset of illness in last case _____ or <input type="checkbox"/> Outbreak ongoing	
Age of cases	
Number for which age recorded _____	
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

Outbreak Summary	Outbreak No. _____
Circumstances of Exposure/Transmission	
How was the outbreak first recognised?	
<input type="radio"/> Increase in disease incidence <input type="radio"/> Cases had person to person contact with other cases(s)	
<input type="radio"/> Cases attended common event <input type="radio"/> Common organism type/strain characteristics between cases	
<input type="radio"/> Cases linked to common source (eg food, water, environmental site)	
<input type="radio"/> Other means (specify) _____	
Were these cases part of a well-defined exposed group <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
(eg Common event, institutional, environmental, household)	
If yes, date of exposure _____ If exposure >1 day, date exposure ended _____	
Description of exposure event _____	
First setting where exposure occurred Setting unknown <input type="checkbox"/>	
<input type="radio"/> Food premises <input type="radio"/> Institution <input type="radio"/> Workplace/Community/Other	
<input type="radio"/> Restaurant/café/bakery <input type="radio"/> Hostel/boarding house <input type="radio"/> Workplace	
<input type="radio"/> Takeaway <input type="radio"/> Hotel/motel <input type="radio"/> Farm	
<input type="radio"/> Supermarket/delicatessen <input type="radio"/> Long term care facility <input type="radio"/> Petting zoo	
<input type="radio"/> Temporary or mobile service <input type="radio"/> Hospital (acute care) <input type="radio"/> Home	
<input type="radio"/> Fast food restaurant <input type="radio"/> Prison <input type="radio"/> Community, church, sports gathering	
<input type="radio"/> Caterers <input type="radio"/> Camp <input type="radio"/> Cruise ship, airline, tour bus, train	
<input type="radio"/> Other food outlet <input type="radio"/> School <input type="radio"/> Childcare centre <input type="radio"/> Other setting	
<input type="radio"/> Marae <input type="radio"/> Other institution	
Setting name _____	
Setting Address Number _____ Street _____ Suburb _____	
Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
Second setting where exposure occurred Setting unknown <input type="checkbox"/>	
<input type="radio"/> Food premises <input type="radio"/> Institution <input type="radio"/> Workplace/Community/Other	
<input type="radio"/> Restaurant/café/bakery <input type="radio"/> Hostel/boarding house <input type="radio"/> Workplace	
<input type="radio"/> Takeaway <input type="radio"/> Hotel/motel <input type="radio"/> Farm	
<input type="radio"/> Supermarket/delicatessen <input type="radio"/> Long term care facility <input type="radio"/> Petting zoo	
<input type="radio"/> Temporary or Mobile Service <input type="radio"/> Hospital (acute care) <input type="radio"/> Home	
<input type="radio"/> Fast food restaurant <input type="radio"/> Prison <input type="radio"/> Community, church, sports gathering	
<input type="radio"/> Caterers <input type="radio"/> Camp <input type="radio"/> Cruise ship, airline, tour bus, train	
<input type="radio"/> Other food outlet <input type="radio"/> School <input type="radio"/> Childcare centre <input type="radio"/> Other setting	
<input type="radio"/> Marae <input type="radio"/> Other institution	
Setting name _____	
Setting Address Number _____ Street _____ Suburb _____	
Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	

Circumstances of Exposure/Transmission contd

First setting where contaminated food/beverage was prepared Setting unknown

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

Setting name _____

Setting Address Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Second setting where contaminated food/beverage was prepared Setting unknown

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

Setting name _____

Setting Address Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Geographic location where exposure occurred (tick one)

- New Zealand
- Overseas, specify _____
- Unknown

If exposure occurred in New Zealand, specify

Primary TA _____

DHB(s) _____

Health District(s) _____

Outbreak Summary	Outbreak No. _____
Circumstances of Exposure/Transmission contd	
Mode of transmission (indicate the primary mode and all secondary modes)	
<input type="checkbox"/> Foodborne, from consumption of contaminated food or drink (excluding water)	
Mode <input type="radio"/> primary <input type="radio"/> secondary	Level of evidence <input type="radio"/> 1 <input type="radio"/> 2a <input type="radio"/> 2b <input type="radio"/> 3a <input type="radio"/> 3b <input type="radio"/> 3c <input type="radio"/> 4
<input type="checkbox"/> Waterborne, from consumption of contaminated drinking water	
Mode <input type="radio"/> primary <input type="radio"/> secondary	Level of evidence <input type="radio"/> 1 <input type="radio"/> 2a <input type="radio"/> 2b <input type="radio"/> 3a <input type="radio"/> 3b <input type="radio"/> 3c <input type="radio"/> 4
<input type="checkbox"/> Person to person spread, from (non-sexual) contact with an infected person (including droplets)	
Mode <input type="radio"/> primary <input type="radio"/> secondary	Level of evidence <input type="radio"/> 1 <input type="radio"/> 2a <input type="radio"/> 2b <input type="radio"/> 3a <input type="radio"/> 3b <input type="radio"/> 3c <input type="radio"/> 4
<input type="checkbox"/> Sexual, from sexual contact with an infected person	
Mode <input type="radio"/> primary <input type="radio"/> secondary	Level of evidence <input type="radio"/> 1 <input type="radio"/> 2a <input type="radio"/> 2b <input type="radio"/> 3a <input type="radio"/> 3b <input type="radio"/> 3c <input type="radio"/> 4
<input type="checkbox"/> Parenteral, from needle stick injury or reuse of contaminated injection equipment	
Mode <input type="radio"/> primary <input type="radio"/> secondary	Level of evidence <input type="radio"/> 1 <input type="radio"/> 2a <input type="radio"/> 2b <input type="radio"/> 3a <input type="radio"/> 3b <input type="radio"/> 3c <input type="radio"/> 4
<input type="checkbox"/> Environmental, from contact with an environmental source (eg swimming)	
Mode <input type="radio"/> primary <input type="radio"/> secondary	Level of evidence <input type="radio"/> 1 <input type="radio"/> 2a <input type="radio"/> 2b <input type="radio"/> 3a <input type="radio"/> 3b <input type="radio"/> 3c <input type="radio"/> 4
<input type="checkbox"/> Zoonotic, from contact with an infected animal	
Mode <input type="radio"/> primary <input type="radio"/> secondary	Level of evidence <input type="radio"/> 1 <input type="radio"/> 2a <input type="radio"/> 2b <input type="radio"/> 3a <input type="radio"/> 3b <input type="radio"/> 3c <input type="radio"/> 4
<input type="checkbox"/> Vectorborne, from contact with an insect vector	
Mode <input type="radio"/> primary <input type="radio"/> secondary	Level of evidence <input type="radio"/> 1 <input type="radio"/> 2a <input type="radio"/> 2b <input type="radio"/> 3a <input type="radio"/> 3b <input type="radio"/> 3c <input type="radio"/> 4
<input type="checkbox"/> Other mode of transmission (specify) _____	
Mode <input type="radio"/> primary <input type="radio"/> secondary	Level of evidence <input type="radio"/> 1 <input type="radio"/> 2a <input type="radio"/> 2b <input type="radio"/> 3a <input type="radio"/> 3b <input type="radio"/> 3c <input type="radio"/> 4
Mode of transmission unknown <input type="checkbox"/>	
Vehicle/source of common source outbreak	
Was a specific contaminated food, water or environmental vehicle/source identified? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If yes,	
Source 1 _____	
Level of evidence <input type="radio"/> 1 <input type="radio"/> 2a <input type="radio"/> 2b <input type="radio"/> 3a <input type="radio"/> 3b <input type="radio"/> 3c <input type="radio"/> 4	
Food category _____	ESR Updated <input type="checkbox"/> Date _____
Source 2 _____	
Level of evidence <input type="radio"/> 1 <input type="radio"/> 2a <input type="radio"/> 2b <input type="radio"/> 3a <input type="radio"/> 3b <input type="radio"/> 3c <input type="radio"/> 4	
Food category _____	ESR Updated <input type="checkbox"/> Date _____
Source 3 _____	
Level of evidence <input type="radio"/> 1 <input type="radio"/> 2a <input type="radio"/> 2b <input type="radio"/> 3a <input type="radio"/> 3b <input type="radio"/> 3c <input type="radio"/> 4	
Food category _____	ESR Updated <input type="checkbox"/> Date _____

Outbreak Summary	Outbreak No. _____	
Factors Contributing to Outbreak		
Foodborne outbreak (tick all that apply)		
<input type="checkbox"/> Inadequate reheating of previously cooked food	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Improper storage prior to presentation	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Inadequate thawing	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Preparation too far in advance	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Undercooking	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Improper hot holding	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Inadequate or slow cooling or refrigeration	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Cross contamination due to improper handling or storage	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Cross contamination from an infected food handler	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Chemical contamination	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Use of ingredient from an unsafe source	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Use of untreated water in food preparation	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Consumption of unpasteurised milk	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Consumption of raw food	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Other factors, specify _____	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
Waterborne outbreak (tick all that apply) (Pre latest form revision: <input type="checkbox"/> Untreated water supply)		
<input type="checkbox"/> Surface water with no treatment	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Roof collected rainwater with no treatment	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Groundwater not assessed as secure and with no treatment	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Source water quality inferior to normal, If source water quality inferior to normal, specify _____	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Inadequately treated water supply	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Recent or ongoing treatment process failure	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Contamination of post treatment water storage	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Post treatment contamination (other) If post treatment contamination (other), specify _____	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
Specify the WINZ supply code of the implicated water supply _____		
Person to person outbreak (tick all that apply)		
<input type="checkbox"/> Inadequate vaccination cover	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Inadequate vaccination effectiveness	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Exposure to infected person	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Poor hygiene of cases	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Excessively crowded living conditions	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Unprotected sexual activity	<input type="radio"/> Confirmed	<input type="radio"/> Suspected
<input type="checkbox"/> Compromised immune system	<input type="radio"/> Confirmed	<input type="radio"/> Suspected

Outbreak Summary	Outbreak No. _____
Factors Contributing to Outbreak	
Environmental outbreak (tick all that apply)	
<input type="checkbox"/> Exposure to contaminated land	<input type="radio"/> Confirmed <input type="radio"/> Suspected
<input type="checkbox"/> Exposure to contaminated air (including ventilation)	<input type="radio"/> Confirmed <input type="radio"/> Suspected
<input type="checkbox"/> Exposure to contaminated built environments (inc dwellings)	<input type="radio"/> Confirmed <input type="radio"/> Suspected
<input type="checkbox"/> Exposure to infected animals or animal products	<input type="radio"/> Confirmed <input type="radio"/> Suspected
<input type="checkbox"/> Exposure to contaminated swimming/spa pools	<input type="radio"/> Confirmed <input type="radio"/> Suspected
<input type="checkbox"/> Exposure to contaminated other recreational water	<input type="radio"/> Confirmed <input type="radio"/> Suspected
Other outbreaks	
<input type="checkbox"/> Other risk factor, specify _____	<input type="radio"/> Confirmed <input type="radio"/> Suspected
Management of the Outbreak	
Was there any specific action taken to control the outbreak? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If yes, list the control measures undertaken (tick all that apply)	
Source	Specify
<input type="checkbox"/> Closure	_____
<input type="checkbox"/> Modification of procedures	_____
<input type="checkbox"/> Cleaning, disinfection	_____
<input type="checkbox"/> Removal	_____
<input type="checkbox"/> Treatment	_____
<input type="checkbox"/> Exclusion	_____
<input type="checkbox"/> Isolation	_____
<input type="checkbox"/> Health education and advice	_____
<input type="checkbox"/> Health warning	_____
Vehicles and vectors	
<input type="checkbox"/> Removal	_____
<input type="checkbox"/> Treatment	_____
Contacts and potential contacts	
<input type="checkbox"/> Chemoprophylaxis	_____
<input type="checkbox"/> Vaccination	_____
<input type="checkbox"/> Health education and advice	_____
Other control measures (specify)	
