



Outbreak Summary Report Form

Reporting Authority	
Name of Local Government Authority:	
Region:	
Completed by:	
Date outbreak reported:	Interim report? <input type="checkbox"/> Final report? <input type="checkbox"/>
Outbreak Identification	
Outbreak No:	Outbreak name:

Part A—Initial Report	
Disease & Implicated Pathogen or Toxin	
Illness:	
Confirmed case defined as:	
Possible case defined as:	
Name of implicated pathogen or toxin (or unknown):	
Outbreak Demographics	
Number of cases: Confirmed:	Hospitalised:
Probable:	Died:
Total:	
Number of exposed persons whose status (case/non case) still under investigation:	
Outbreak dates: Onset of illness in first case:	
Onset of illness in last case:	
Outbreak ongoing: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Age of cases: Median age:	Range:
Sex of cases: Number males:	Number females:
Incubation period: Median:	Range:
Duration of illness: Median:	Range:
Were these cases part of a well defined exposed group? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
If yes, how many people were in the exposed group?	
Describe group:	

Suspected Circumstances of Transmission

How was the outbreak recognised and links among cases established? (check all that apply)

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

Describe setting where exposure probably occurred (restaurant, school, etc):

Address (if required locally):

Suspected vehicle(s)/source(s) & mode of transmission:

Investigation

Is further investigation necessary? Yes No

If yes complete part B of this form in due course

Part B—Full Outbreak Summary

Investigation

Specify investigation method (check all that apply)

- Specimens collected from cases(s), eg faecal specimens
- Specimens collected from non cases(s), eg asymptomatic food handlers
- Specimens collected from site, eg food, water
- Site inspection
- Assess Food Safety Program
- Epidemiological investigation of cases (questionnaire)
- Epidemiological investigation of cases & controls, eg case-control or cohort study
- Other investigation method (please specify):

Type of outbreak

- Common event Date of event:
- Suspected common source dispersed in community (eg food / water)
- Suspected common source in specific place (eg environmental site)
- Community-wide, person to person transmission
- Household/institutional (transmission within a defined setting)
- Unknown outbreak type

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

- | | |
|---|--|
| <input type="checkbox"/> Home | <input type="checkbox"/> Hostel/Boarding House |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Restaurant/Cafe |
| <input type="checkbox"/> Takeaway | <input type="checkbox"/> Caterer |
| <input type="checkbox"/> Supermarket or delicatessen | <input type="checkbox"/> Other food outlet |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Child care centre | <input type="checkbox"/> School |
| <input type="checkbox"/> Community/church gathering | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Abattoir/meat processing plant | <input type="checkbox"/> Unknown setting |
| <input type="checkbox"/> Workplace (specify type of workplace): | |
| <input type="checkbox"/> Other setting (specify): | |

Geographic location where transmission occurred

Region: _____ LGA: _____

Address: _____

Overseas: _____ Unknown

Mode of transmission

- Food-borne, from consumption of contaminated food
- Water-borne, from consumption of contaminated water
- Person to person spread, from contact with an infected person (including droplets)
- Sexual, from sexual contact with an infected person
- Environmental, from contact with an environmental source
- Zoonotic, from contact with an infected animal
- Other mode of transmission (specify)
- Unknown mode of transmission

Vehicle/source of common source outbreak

Was a specific contaminated food, water or environmental source identified? Yes No

If yes, list all sources and vehicles in detail:

If yes, how was vehicle/source confirmed (check all that apply)

- Epidemiological study (specify)
- Laboratory means (specify)

Factors Contributing to Outbreak	
Food-borne (check all that apply)	
<input type="checkbox"/> Use of ingredients from unsafe sources	<input type="checkbox"/> Consumption of unpasteurised milk
<input type="checkbox"/> Consumption of raw food	<input type="checkbox"/> Use of leftovers
<input type="checkbox"/> Preparation too far in advance	<input type="checkbox"/> Storage at ambient temperatures
<input type="checkbox"/> Inadequate cooling or refrigeration	<input type="checkbox"/> Undercooking
<input type="checkbox"/> Inadequate thawing	<input type="checkbox"/> Improper warm holding
<input type="checkbox"/> Cross contamination	<input type="checkbox"/> Contamination from infected foodhandler
<input type="checkbox"/> Inadequate hygiene of food handler(s)	<input type="checkbox"/> Unknown factors
<input type="checkbox"/> Other factor (specify)	
Was the vehicle/source linked to a commercial food operator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list all operators and record whether each had a food safety plan (FSP) in place:	
Name of food operators	FSP in place?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Water-borne outbreak (check all that apply)	
<input type="checkbox"/> Inadequate source water quality	<input type="checkbox"/> Contaminated swimming pool/spa pool
<input type="checkbox"/> Chlorine residual not maintained in system	<input type="checkbox"/> Treatment process failure
<input type="checkbox"/> Contamination of reservoir(s)	<input type="checkbox"/> No chlorine residual leaving the plant
<input type="checkbox"/> Contamination of reticulation	<input type="checkbox"/> Untreated water supply
<input type="checkbox"/> Unknown factors	<input type="checkbox"/> Private water supply
<input type="checkbox"/> Other factor (specify)	
Specify implicated water supply:	
Other outbreak (check all that apply)	
<input type="checkbox"/> Exposure to infected people	<input type="checkbox"/> Exposure to infected animals/animal products
<input type="checkbox"/> Exposure to contaminated environment	<input type="checkbox"/> Poor hygiene of cases
<input type="checkbox"/> Excessively crowded living conditions	<input type="checkbox"/> Unprotected sexual activity
<input type="checkbox"/> Unknown factors	
<input type="checkbox"/> Other factor (specify)	
Management of the Outbreak	
How was the outbreak controlled (specify main measures):	
Other comments on outbreak:	
Has a written outbreak report been prepared? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Adapted from Guidelines for Investigation of Disease Outbreaks in New Zealand, by ESR:Communicable Disease Centre April 1997