



OzFoodNet Outbreak Summary Form

Introduction

This form is used to report summary information about gastrointestinal and foodborne outbreak investigations to OzFoodNet. Definitions of outbreaks that are included in this surveillance scheme are included in the guide at the end of the form. Completed forms should be faxed or emailed to the OzFoodNet epidemiologist in your State, or the OzFoodNet Coordinating Epidemiologist. **We encourage you to complete as much of this form as possible.**

Please do not leave items blank. Write “Unknown” where applicable.

Location Information

1. State (*Tick one*)

- New South Wales
- Victoria
- Queensland
- South Australia
- Western Australia
- Tasmania
- Northern Territory
- Australian Capital Territory

2. Reference Number _____ (*The same code as in Outbreak Ref in NNDSS*)

3. Transmission (*Tick one; See guide for definitions*)

- foodborne
- suspected foodborne
- waterborne (including recreational water)
- suspected waterborne (including recreational water)
- animal-to-person
- person-to-person
- unknown

4. Spread of Outbreak (*Tick one*)

- single local government area
- multiple local government areas
- multiple health department regions
- state-wide
- multi-state (circle all states affected)
NSW VIC QLD SA WA TAS NT ACT
- international (Specify countries involved _____)

Setting Information

5. Setting where exposure occurred or food was eaten (*Tick one*)

- | | |
|---|---|
| <input type="checkbox"/> aged care facility | <input type="checkbox"/> national franchised fast food restaurant |
| <input type="checkbox"/> hospital | <input type="checkbox"/> commercial caterer |
| <input type="checkbox"/> school | <input type="checkbox"/> cruise/airline |
| <input type="checkbox"/> child care | <input type="checkbox"/> fair, festival, other temporary/mobile service |
| <input type="checkbox"/> military institution | <input type="checkbox"/> picnic |
| <input type="checkbox"/> camp | <input type="checkbox"/> private residence |
| <input type="checkbox"/> institution – other | <input type="checkbox"/> petting zoo |
| <input type="checkbox"/> restaurant | <input type="checkbox"/> health spa/resort |
| <input type="checkbox"/> community | <input type="checkbox"/> other |
| | <input type="checkbox"/> unknown |

6. Setting where food prepared (*Tick one*)

- | | |
|---|---|
| <input type="checkbox"/> aged care facility | <input type="checkbox"/> commercial manufactured food |
| <input type="checkbox"/> hospital | <input type="checkbox"/> grocery store/delicatessen |
| <input type="checkbox"/> school | <input type="checkbox"/> bakery |
| <input type="checkbox"/> child care | <input type="checkbox"/> fair, festival, other temporary/mobile service |
| <input type="checkbox"/> military institution | <input type="checkbox"/> imported food |
| <input type="checkbox"/> camp | <input type="checkbox"/> picnic |
| <input type="checkbox"/> institution – other | <input type="checkbox"/> private residence |
| <input type="checkbox"/> restaurant | <input type="checkbox"/> primary produce |
| <input type="checkbox"/> take-away | <input type="checkbox"/> other |
| <input type="checkbox"/> national franchised fast food restaurant | <input type="checkbox"/> not applicable |
| <input type="checkbox"/> commercial caterer | <input type="checkbox"/> unknown |
| <input type="checkbox"/> cruise/airline | |

Descriptive Information

7. Case Definition _____

8. Date of Onset for the first case _____/_____/_____

9. Date of Onset for the last case _____/_____/_____

10. Number of people at risk of illness _____

11. Number of people interviewed _____

12. Number of people ill _____

13. Number of cases who were laboratory confirmed _____

14. Number of cases who presented to a Medical Practitioner _____

15. Number of cases that were hospitalised _____

16. Number of cases who died _____

17. Median age of cases (years) _____.

18. Percentage of cases that were male (%) _____.

19. Percentage of cases that were female (%) _____.

20. Percentage of cases with unknown gender (%) _____.

21. Is anyone still ill from this outbreak? Y / N / 9 (*Don't Know*)

22. Symptom profile

Number of cases reporting symptom information. Please add information about other symptoms as necessary.

Symptom	Number with symptom	Number providing information
Nausea		
Vomiting		
Diarrhoea		
Bloody Diarrhoea		
Fever		
Abdominal Pain		
Reverse Temperature Sensation		
Numbness / Skin tingling		
Itching		
Rash		
Joint pain / muscle pain		

23. Incubation period and duration of illness for cases. Please only include cases meeting the case definition for the investigation. The median can be recorded as DAYS (partial days expressed as a decimal) or HOURS. PLEASE INDICATE THE TIME UNITS USED.

Period	Median
Incubation Period	____ Hrs/____ Days
Duration of Illness among those who recovered	____ Hrs/____ Days

Epidemic Information

24. Vehicle responsible for the outbreak (*Specify the exact food, water source or animal*)

25. Food code (4 digit) (*to be completed by OzFoodNet representative*)

26. Level of evidence for implicated outbreak vehicle (*Tick one or more*)

- statistical evidence from epidemiological investigation, Odds Ratio or Relative Risk & 95% Confidence Interval
- laboratory evidence
- compelling supporting evidence
- other data (eg same phage type found on farm that supplies eggs)
- specific evidence lacking but prior experience makes this likely source

27. Type of epidemiological investigation (*Tick one*)

- point source cohort
- case control study
- case control **and** cohort studies
- case series
- other (*please describe*) _____
- no formal study undertaken

28. Water source responsible for the outbreak (*Tick one*)

- metropolitan water supply
- rural water supply
- non-public water supply
- individual house supply
- camp or recreation area
- spring
- stream
- bottled
- beach
- river
- lake
- spa pool
- swimming pool
- not applicable

29. Laboratory confirmation of food vehicle (*Tick one*)

- agent in unopened epidemiologically implicated food
- agent in opened epidemiologically implicated food
- agent in foods consumed without epidemiological evidence
- other microbiological evidence (eg spoilage or faecal indicators)
- isolated from premises or equipment
- not identified in food
- no food samples taken
- not applicable

Contamination Factors *(Food or water borne only)*

30. Major factors contributing to contamination *(Tick one or two major factors, and select the 'Level of evidence' which implicates the factor)*

Level of evidence		Level of evidence
1. assumed/suspected	<input type="checkbox"/> toxic substance or part of tissue	_____
2. confirmed by observation during inspection	<input type="checkbox"/> poisonous substance	_____
3. confirmed verbally during inspection	<input type="checkbox"/> toxic container, or pipes	_____
4. confirmed with measured evidence	<input type="checkbox"/> ingestion of contaminated raw products	_____
	<input type="checkbox"/> cross contamination	_____
	<input type="checkbox"/> food handler contamination	_____
	<input type="checkbox"/> inadequate cleaning of equipment	_____
	<input type="checkbox"/> storage in contaminated environment	_____
	<input type="checkbox"/> contaminated by sewage	_____
	<input type="checkbox"/> inadequate washing of food eaten uncooked	_____
	<input type="checkbox"/> contamination by person to food to person	_____
	<input type="checkbox"/> other <i>(specify in Remarks)</i>	_____
	<input type="checkbox"/> unknown	_____
	<input type="checkbox"/> not applicable	_____

31. Major factors responsible for bacterial growth *(Tick one or two major factors, and select the 'Level of evidence' which implicates the factor)*

Level of evidence		Level of evidence
1. assumed/suspected	<input type="checkbox"/> foods at room or warm temperature	_____
2. confirmed by observation during inspection	<input type="checkbox"/> slow cooling	_____
3. confirmed verbally during inspection	<input type="checkbox"/> inadequate refrigeration	_____
4. confirmed with measured evidence	<input type="checkbox"/> inadequate disinfection	_____
	<input type="checkbox"/> delay preparation to consumption	_____
	<input type="checkbox"/> insufficient cooking	_____
	<input type="checkbox"/> insufficient acidification	_____
	<input type="checkbox"/> insufficiently low water content	_____
	<input type="checkbox"/> inadequate thawing	_____
	<input type="checkbox"/> inadequate fermentation	_____
	<input type="checkbox"/> anaerobic packaging	_____
	<input type="checkbox"/> inadequate hot holding temperature	_____
	<input type="checkbox"/> unknown	_____
	<input type="checkbox"/> not applicable	_____

32. Major factors responsible for microbial survival *(Tick one or two major factors, and select the 'Level of evidence' which implicates the factor)*

Level of evidence		Level of evidence
1. assumed/suspected	<input type="checkbox"/> insufficient time/temp during cooking	_____
2. confirmed by observation during inspection	<input type="checkbox"/> insufficient time/temp during reheating	_____
3. confirmed verbally during inspection	<input type="checkbox"/> inadequate or failed disinfection	_____
4. confirmed with measured evidence	<input type="checkbox"/> inadequate acidification	_____
	<input type="checkbox"/> inadequate thawing and cooking	_____
	<input type="checkbox"/> other process (describe in remarks)	_____
	<input type="checkbox"/> unknown	_____
	<input type="checkbox"/> not applicable	_____

Aetiological Information

33. Number of faecal samples collected _____

34. Aetiology of the outbreak (*specify full name of bacteria, virus, parasite or toxin*)

35. Serotype of causative organism _____

36. Phage type of causative organism _____

37. Antibiotics resistance pattern of the causative organism _____ (*See guide before filling in*)

38. Other microbiological characteristics of the agent (*specify sub-type, molecular fingerprinting, if available*)

39. Further remarks about the outbreak (*specify other details not mentioned elsewhere on this form*)

Reporting information

40. Name of agency reporting outbreak _____

41. Name of person reporting outbreak _____

42. Date of report ____/____/____

43. Permission to post a summary of this record on the internet (www.ozfoodnet.org.au)?

Yes No

44. If waterborne (including recreational water), permission to release the information regarding this outbreak to the Cooperative Research Centre for Water Quality and Treatment at Monash University?

Yes No

Please attach additional report of the outbreak investigation, or quantitative microbiological investigation, conducted by agency, where available. Agencies completing this form and appendices should email, fax or send them to the OzFoodNet epidemiologist in their State, or the central OzFoodNet Data Manager.

State OzFoodNet Epidemiologist

Insert Details

Epidemiologist/Data Manager

Janet Li

OzFoodNet

c/o National Public Health Partnership

Level 12, 589 Collins St, Melbourne VIC 3000

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Guide to the Form on paper

This guide explains the fields in the reporting form. However most fields are self-explanatory. The purpose of the reporting form is to prospectively record details of outbreaks of gastrointestinal and foodborne disease to:

1. Assist investigators during outbreaks by alerting them to previous outbreaks that may have occurred elsewhere,
2. Identify common themes emerging from investigations and inform prevention efforts, and
3. Summarise trends in the incidence of gastrointestinal and foodborne disease outbreaks.

The dataset has been prepared using World Health Organization and Centers for Disease Control forms for recording outbreaks. This scheme covers all States and Territories of Australia.

** Use the guide to the electronic form if you are entering data directly onto the electronic database.*

Please do not leave items blank. Write “Unknown” where applicable.

1. **State:** This field contains information on the State/Territory, which is reporting the outbreak. The notifying state is where the outbreak exposure occurred. In outbreaks involving multiple states, the nominated national coordinator will fill in the form to summarise the investigation.
2. **Reference Number:** This field contains a unique reference number for each notification of an outbreak originating from each jurisdiction. For notifiable pathogens, this number should be identical to the OUTBREAK_REF field used for NNDSS. Speak to your State Surveillance Epidemiologist or OzFoodNet Epidemiologist regarding this field. Please do not create your own codes for this field.
3. **Suspected Mode of Transmission:** This field identifies what the predominant mode of transmission for the outbreak was. In instances where the mode of transmission was unable to be determined it should be recorded as unknown. The definitions are as follows:
 - foodborne**—an incident where two or more persons experience a similar illness after consuming a common food or meal and epidemiological analyses implicate the meal or food as the source of illness.
 - suspected foodborne**—an incident where two or more persons experience a similar illness after consuming a common food or meal and a specific meal or food is suspected, but person-to-person transmission cannot be ruled out.
 - waterborne**— an incident where two or more persons experience a similar illness after exposure to a common water source and epidemiological and/or laboratory analyses implicate the water as the source of illness. Waterborne outbreaks include those arising from exposure to recreational waters.
 - suspected waterborne**— an incident where two or more persons experience a similar illness after exposure to a common water source and water is suspected as the source of illness, but person-to-person transmission cannot be ruled out. Waterborne outbreaks include those arising from exposure to recreational waters.
 - animal-to-person**—an incident where two or more persons experience a similar illness after exposure to animals and epidemiological and/or laboratory analyses implicate the animals as the source of illness.
 - person-to-person**—an incident where two or more persons experience a similar illness after exposure to an infected person.
 - unknown**—an incident where two or more persons experience a similar illness but the mode of transmission is unable to be determined.
4. **Spread of Outbreak:** Choose one option. If multi-state outbreak, circle all states which were affected. In outbreaks involving multiple states or countries, the nominated national coordinator will fill in the form to summarise the investigation
5. Setting where the exposure occurred or the food was eaten that lead to the outbreak
6. Setting where the food was prepared that lead to the outbreak (Foodborne and suspected foodborne outbreaks only)
7. Enter the case definition used during the outbreak investigation in this field
8. The date when the first case in the outbreak developed symptoms
9. The date when the last case in the outbreak developed symptoms

10. Denominator for epidemiologic calculations—estimated number who ate food.
11. Number of people interviewed about their illness
12. Number of people meeting suspected and confirmed case definitions
13. Number of cases identified during the investigation, with laboratory confirmation of the diagnosis
14. Number of cases who presented to a medical practitioner
15. Number of cases identified during the investigation, who were hospitalised as a result of illness.
16. Number of cases identified during the investigation, who died as a result of illness.
17. Median age of cases in investigation. Use 2 decimal places, eg 28 years and 5 months = 28.4 years.
18. Percent of male cases
19. Percent of female cases
20. Percent of cases with unknown gender
21. Was anyone still ill from the outbreak at the time they were interviewed?
22. Symptom profile as reported by cases. The first column lists specified symptoms, the second records the number of cases with the symptom, and the third column records the number of cases in total, or the number who were interviewed.
23. Median incubation period and duration of illness reported for cases. May be specified in HOURS or DAYS. If recording days, use a decimal for a partial day (eg 2 days + 6 hours = 2.25 days). Ensure the time units are specified.
24. Description of the suspected vehicle responsible for the outbreak. List all suspected vehicles separated by ‘;’
25. Food code from CDC listing which identifies the most highly suspected food vehicle. To be entered by OzFoodNet Epidemiologist during data entry onto database.
26. Identify level of evidence for implicated outbreak vehicle. Select more than one if necessary.
27. Identify the type of epidemiological investigations undertaken.
28. Identify water source, if water is the confirmed or suspected cause of the outbreak.
29. Identify the status of laboratory confirmation of food vehicle.
30. Nominate up to two major contamination factors, and the level of evidence associated with each factor
31. Nominate up to two major factors contributing to bacterial growth or toxin production, and the level of evidence associated with each factor.
32. Nominate up to two major factor contributing to microbial survival, and the level of evidence associated with each factor.
33. Number of faecal samples is the total number of faecal specimens collected by health authority as part of the investigation. This may include specimens collected by staff of State Health departments, public health units and EHOs of local councils.
34. Identify the bacterium, virus, parasite, or toxin responsible for the outbreak. Please give as much detail as you have about the organism or toxin. If more than one aetiological agent is identified, please describe in the remarks field.
35. Identify the serotype of the agent, if available.
36. Identify the phage type of the agent, if available.
37. Identify the antibiogram of the agent responsible. If the agent is sensitive record “sensitive”
If a causative organism is resistant to antibiotics, use the following highlighted abbreviations to indicate the resistance profile.

A ampicillin; **S** streptomycin; **T** tetracycline; **C** chloramphenicol; **Su** sulphathiazole;
Tm trimethoprim; **K** kanamycin; **Na** nalidixic acid; **Sp** spectinomycin;
G gentamycin; **Cp** ciprofloxacin; **Cf** cefotaxime; **Uk** unknown.

Eg. Enter AST for multiple resistance to ampicillin, streptomycin and tetracycline. Give full name of the antibiotics if it is not listed in the above

38. Identify further typing details about the agent, if available.
39. Describe any other important aspects of the outbreak that may not have been reported elsewhere in the form.
40. The name of the agency conducting and reporting the outbreak details
41. The name of the person leading and reporting the outbreak details.
42. The date the information is completed on the form or database.