

Environmental investigation request form: epidemiological information from NSW Health

This form is to be used by NSW Health to request an environmental investigation by the NSW Food Authority (NSW FA) for foodborne disease outbreaks. Complete this form and email to the NSW FA (Marianne.Tegel@foodauthority.nsw.gov.au) and to enteric@doh.health.nsw.gov.au.

CDB assigned outbreak unique ID: _____

1. PHU reporting the information	
Name of reporting PHU: _____	
Name of PHU staff completing report: _____	
NSW FA No (if applicable): _____	
PHU Unique ID: _____	
Date this form completed: _____	
This form is <input type="checkbox"/> preliminary info only <input type="checkbox"/> updated outbreak information	
How outbreak first detected:	
<input type="checkbox"/> NSW Health disease notification/s	
<input type="checkbox"/> NSW FA complaint	
<input type="checkbox"/> other (specify) _____	

2. Outbreak timeline	
Date PHU notified of outbreak: _____	
Date investigation commenced: _____	
Case definition used by PHU (define by time, person and place): _____	
Clinical samples submitted for testing?	
Sample type/s: _____	Number submitted: _____
Tests requested:	
<input type="checkbox"/> Viral studies	<input type="checkbox"/> M, C & S
<input type="checkbox"/> Toxins	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other (specify): _____	
Results of testing (incl no. +ve): _____	

3. Case data to date	
Number of cases	_____
Number of cases interviewed	_____
Number at risk of exposure	_____
Median incubation period	_____
Range of incubation period	_____
Date of onset of first case	_____
Time of onset of first case	_____
Date of onset most recent case	_____
Contact with sick others prior to onset of illness? (Y/N)	_____
Cases all from same family of same social/family group? (Y/N)	_____

4. Case symptom information	
Symptoms (Sx)	No. of cases (%)
Vomiting	_____
Diarrhoea	_____
Bloody diarrhoea	_____
Fever	_____
Abdominal cramps	_____
Other Sx (specify)	_____
Sx duration: Median	_____
Minimum	
Maximum	

5. Type of outbreak setting	
<i>Tick 'best fit' outbreak description:</i>	
<input type="checkbox"/> Point source outbreak* related to:	
Date/s and time/s of exposure: _____	
Name and address of setting: _____	
<input type="checkbox"/> Continuing common source outbreak linked to commercial food establishment	
Name and address of setting: _____	
<input type="checkbox"/> Community wide outbreak (specify extent of geographic spread): _____	
<input type="checkbox"/> Other (please describe): _____	
Any evidence of ongoing risk?	
<input type="checkbox"/> yes (specify reason): _____	
<input type="checkbox"/> no (specify reason): _____	
<input type="checkbox"/> to be determined by further investigation	
Person to person or other non-foodborne route of transmission unlikely?	

6. Epi investigation/s done to date	
Please mark ALL that apply	
<input type="checkbox"/> interviewed people identified by NSW FA complaint (n= _____)	
<input type="checkbox"/> interviews with cases (n= _____)	
<input type="checkbox"/> active case finding	
<input type="checkbox"/> case control study <input type="checkbox"/> cohort study	
<input type="checkbox"/> other investigation or interviews (specify): _____	
Summary of preliminary epi findings: _____	
Any further epidemiological investigation planned?	
<input type="checkbox"/> No (specify reason): _____	
<input type="checkbox"/> Yes (specify): _____	

7. Case exposures of interest	
<i>Suspected exposure/s (i.e. food items) reported by cases during incubation period:</i>	
Suspected exposure no. 1	
Description: _____	
No. of cases reporting exposure = _____	
Point of purchase name: _____	
Point of purchase address: _____	
Date/time of consumption: _____	
Residual food/s available? <input type="checkbox"/> yes <input type="checkbox"/> no	
Suspected exposure no. 2	
Description: _____	
No. of cases reporting exposure = _____	
Point of purchase name: _____	
Point of purchase address: _____	
Date/time of purchase: _____	
Date/time of consumption: _____	
Residual food/s available? <input type="checkbox"/> yes <input type="checkbox"/> no	
Suspected exposure no. 3	
Description: _____	
No. of cases reporting exposure = _____	
Point of purchase name: _____	
Point of purchase address: _____	

Date/time of purchase: _____
Date/time of consumption: _____
Residual food/s available? <input type="checkbox"/> yes <input type="checkbox"/> no
* Please document any further exposure related information or epi findings on the free text sheet or relevant epi table template.
*If case's food history poor due to smorgasboard style of menu please list all foods served on the free text sheet, including date/time of event & meal

8. Environmental investigation request	
Based on the epidemiological findings to date, we request that the NSW FA:	
<input type="checkbox"/> Conduct an environmental investigation relating to the following premises: _____	
Foods/exposures of concern: _____	
<input type="checkbox"/> Obtain menu/booking lists of the premises on these days/weeks: _____	
<input type="checkbox"/> Note the information on this form (no investigation warranted)	
<input type="checkbox"/> Other request (please specify): _____	
IMPORTANT	
Please provide below any information on the investigation including findings, recommendations, prevention strategies implemented and conclusions not already reported.	

