



**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	<b>FWESource1</b>		
Level of evidence	<b>FWESourceEvid1</b>	<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	<input type="text" value="FWESourceCategory1"/>	ESR Updated <b>FWESourceESRUpdated1</b>	<input type="checkbox"/> Date <b>FWESourceDateUpdated1</b>
Source 2	<b>FWESource2</b>		
Level of evidence	<b>FWESourceEvid2</b>	<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	<input type="text" value="FWESourceCategory2"/>	ESR Updated <b>FWESourceESRUpdated2</b>	<input type="checkbox"/> Date <b>FWESourceDateUpdated2</b>
Source 3	<b>FWESource3</b>		
Level of evidence	<b>FWESourceEvid3</b>	<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	<input type="text" value="FWESourceCategory3"/>	ESR Updated <b>FWESourceESRUpdated3</b>	<input type="checkbox"/> Date <b>FWESourceDateUpdated2</b>

**Factors Contributing to Outbreak**

**Foodborne outbreak** (tick all that apply)

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

**Waterborne outbreak** (tick all that apply)

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

Specify the WINZ supply code of the implicated water supply

**Person to person outbreak** (tick all that apply)

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

**Outbreak Summary**

Outbreak No.

**Factors Contributing to Outbreak**

Environmental outbreak (tick all that apply)

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

**Other outbreaks**

- |                                                                    |                                 |                                 |                  |
|--------------------------------------------------------------------|---------------------------------|---------------------------------|------------------|
| <input type="checkbox"/> Other risk factor, specify <b>OOTHFac</b> | <input type="radio"/> Confirmed | <input type="radio"/> Suspected | <b>OOTHFacCS</b> |
|--------------------------------------------------------------------|---------------------------------|---------------------------------|------------------|

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

**Vehicles and vectors**

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

**Contacts and potential contacts**

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