Guide to the Outbreak Summary Electronic Form

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 based on the World Health Organization and Centers for Disease Control summary forms for recording outbreaks. This scheme covers all States and Territories of Australia.

Please do not leave items blank. Write "Unknown" where applicable.

1. **Public Health Unit Network**: This field contains information on the Public Health Unit which is reporting the outbreak. The Public Health Unit Network is where the outbreak exposure occurred. In outbreaks involving more than one public health unit network, the public health unit leading the investigation or the Communicable Diseases Unit Epidemiologist will fill in the form to summarise the investigation.
2. **Outbreak Name and Identification Number**: The outbreak name refers to the general name given to this particular outbreak by the investigating public health unit. This outbreak will then be given a unique reference number by the OzFoodNet Epidemiologist. This number will be identical to the OUTBREAK_REF field used for NNDSS.
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 and/or laboratory 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.
   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. 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. For a common event outbreak, specify single local govt area only.
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/exposed to risk factor.
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. 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.
22. 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.
23. Description of the suspected vehicle responsible for the outbreak. List all suspected vehicles separated by ';' or state 'no vehicle identified'
24. Food code from CDC listing which identifies the most highly suspected food vehicle. To be entered by OzFoodNet Epidemiologist during data entry onto database.
25. Identify level of evidence for implicated outbreak vehicle. Select more than one if necessary.
26. Identify the type of epidemiological investigations undertaken.
27. Identify water source, if water is the confirmed or suspected cause of the outbreak.
28. Identify the status of laboratory confirmation of food vehicle.
29. Nominate up to two major contamination factors, and the level of evidence associated with each factor
30. Nominate up to two major factors contributing to bacterial growth or toxin production, and the level of evidence associated with each factor.
31. Nominate up to two major factor contributing to microbial survival, and the level of evidence associated with each factor.
32. Number of faecal or vomitus samples collected (if cohort investigation conducted, e.g. function)
33. 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.
34. Identify the serotype of the agent, if available.
35. Identify the phage type of the agent, if available.
36. Identify the antibiogram of the agent responsible, if available. If the organism is fully 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** sulphathiozole;
    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

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