

CONFIDENTIAL

GENERAL OUTBREAKS OF INFECTIOUS INTESTINAL DISEASE
IN NORTHERN IRELAND

YOUR REFERENCE:	GI SECTION OUTBREAK NO 00\.....
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Name: _____ Address: _____
Position: _____
Telephone: _____ Health & Social Services Board _____
Date: _____

1) MODE OF TRANSMISSION Tick one only.

- Mainly **foodborne** Mainly **waterborne** Mainly **person to person**
Foodborne followed by **person to person** Mainly **Animal contact**
Other (please specify) _____ **Unknown**

2) PLACE WHERE OUTBREAK OCCURRED. Tick one only.

If foodborne, "PREPARED" takes precedence over "SERVED" If person-to-person, "SERVED" takes precedence over "PREPARED"

- a) Private House
- b) Hotel/Guest House/Residential Pub Specify _____
- c) Restaurant/Cafe/ Pub/Bar Specify type _____
- d) Mobile Retailer Specify market trader, chip van etc _____
- e) Canteen Specify work, college, armed forces _____
- f) Shop/Retailer Specify bakers, butchers etc _____
- g) Hospital Specify general, geriatric, EMI _____
- i) Residential Institution Specify nursing/residential home/prison _____
- j) School Specify nursery/junior etc _____
- k) Farm Specify commercial/open etc _____
- l) Swimming pool Specify _____
- m) Hall Specify domestic/commercial catering _____
- n) Other Specify _____

3) NAME AND ADDRESS OF PLACE: _____
_____ Postcode (if known) _____

4) WAS THE OUTBREAK THE RESULT OF A POINT SOURCE EXPOSURE? (e.g. at a function)

YES **NO** If YES, date/...../.....

5) **WAS PATHOGEN/TOXIN identified?** YES NO

If YES give Organism/Toxin _____ Serotype _____ Phage Type _____

If NO Specify organism suspected _____

6) **CASE DETAILS**

Total number of cases (i.e. total ill whether confirmed or not) _____

Total number of **laboratory confirmed** cases _____ Total number **at risk** _____

Total number **admitted to hospital** _____ Total number known to have **died** _____

7) **DATE OF ONSET:** First known/...../..... Last known/...../.....

8) **SUSPECT VEHICLE (FOOD, ANIMAL, etc.) ASSOCIATED WITH ILLNESS:** only list specific vehicles for which there is a microbiological, statistical or other convincing association with illness.

VEHICLE	EVIDENCE (TICK)			
	Microbiological	Cohort Study	Case Control Study	Descriptive/other

Please give other evidence implicating food stuff if available (i.e strong circumstantial evidence)

9) **FAULTS THOUGHT TO HAVE CONTRIBUTED TO OUTBREAK:**

- Infected food handler Give details: _____
- Inadequate heat treatment Give details: _____
- Cross contamination Give details: _____
- Storage too long/too warm Give details: _____
- Poor personal hygiene Give details: _____
- Poor handwashing facilities Give details: _____
- Other Give details: _____

Environmental Health Department's inspection rating category of premises (if available) (A - F)

THANK YOU FOR COMPLETING THIS FORM.

Please enclose or forward full report if available. Append details of microbiology, statistical and other evidence

**PLEASE RETURN TO: Communicable Disease Surveillance Centre (Northern Ireland)
Belfast City Hospital, BT9 7AB**