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| Hospital Disease Outbreak Notification and Summary Form | | | | | | | | |
| To: Te Mana Ora | Community and Public Health [CW-NPHS-HealthProtection@tewhatuora.govt.nz](mailto:CW-NPHS-HealthProtection@tewhatuora.govt.nz)  Attention: Communicable Disease Team | | | | | | | |
| Date notified |  | | Officer responsible | | | |  |
| Name and/or number of outbreak, if known | | |  | | | | |
| Condition |  | | Implicated pathogen | | | |  |
| Name of Hospital and Ward |  | | | | | | |
| Address |  | | | | | | |
| Phone |  | | | Email |  | | |
| Contact person and position |  | | | | | | |
| **Outbreak details – total exposed** | | | | | | | |
| Number of people affected | | Patients | | | | Staff | |
| Onset of illness | | First Case | | | | Last Case | |
| Duration of illness | | Hrs/ days | | | |  | |
| Estimation of incubation period | | Hrs/ days | | | |  | |
| Number of Cases | | Lab confirmed | | | | Probable | |
| Organism(s) isolated | |  | | | | | |
| Possible source | |  | | | | | |
| **Control measures** | | | | | | | |
| Closure | | Hospital/Ward closed to:  Visitors  Admissions  Transfers | | | | | |
| Modification of procedures | | Cessation of group activities  Meals provided in rooms  Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Cleaning/ Disinfection/PPE | | Increased ward cleaning  Scrubs used by staff  Terminal cleaning  Terminal clean checklist used  Terminal cleaning spot audits  Appropriate PPE worn | | | | | |
| Exclusion (of ill staff) | | Exclusion criteria for ill staff (from last symptoms):  Nil  24 hrs  48 hrs  72 hrs | | | | | |
| Isolation of ill patients | | Nil  Own rooms  Cohorted multi-bed rooms  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Health education and advice | | Advice given to:  Staff  Patients  Visitors | | | | | |
| Health warning | | Warning notices placed at entrances to hospital/ wards | | | | | |
| **Comments** | | | | | | | |
|  | | | | | | | |