

NF02 * Form	Health Information and Quality Authority An outbreak of any notifiable disease [†]	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. Centre details	
Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	

Section 2. Details of the outbreak	
Start date of onset outbreak	
What is the diagnosed cause of the outbreak?	
Date of medical diagnosis	
If the diagnosis is unknown or not yet confirmed, please state: <ol style="list-style-type: none"> 1. Symptoms. 2. Suspected diagnosis. 	

* Please complete this form with the Authority's statutory notification guidance. You can download the guidance at www.higa.ie

[†] A notifiable disease is one that has been identified and published by the Health Protection Surveillance Centre.

Section 2. Details of the outbreak

Is this the **first** outbreak of this nature at the designated centre?

Yes No

If **no**, how many previous outbreaks has there been in the last 12 months?

Section 3. Resident's details

How **many** residents have been affected?

Is any resident affected under the age of 18?

Yes No

Please complete the following details for **each resident affected**

Resident's unique identifier[‡]

Describe the current **status of the resident**

Resident's unique identifier [‡]	Describe the current status of the resident

Please continue on a separate photocopy of this section if necessary.

[‡] For more information on unique identifiers, see the Authority's statutory notification guidance

Section 4. Staff details

Have any staff members been affected by the outbreak?

Yes No

If **yes**, please state:

1. The number of staff affected?

2. How staffing numbers and skill mix were maintained?

Section 5. Additional information

What agencies were notified and what samples have been sent for analysis?

What measures have been taken to prevent or reduce the risk of another outbreak?

Section 5. Additional information

Please include any **additional information** applicable to this notification:

Section 6. Declaration

I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.

Name (print)	
Position	Person in charge <input type="checkbox"/>
	Other <input type="checkbox"/>
If you ticked other , please specify your role in the designated centre	
Date	
Contact number (during office hours)	

The most secure and convenient way to submit the notification form is through the [HIQA Portal](#).

Should you wish to continue in hardcopy, please return the completed, signed form by email to notify@hiqa.ie **or** by post to:

Notifications Team

Health Information and Quality Authority

Dublin Regional Office

George's Court

George's Lane

Smithfield

Dublin 7

Tel: 01 814 7400