



BNITM

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Epidemic Disease Detectives Hamburg

An Epidemic of Haemolytic Uraemic Syndrome in Hamburg

Investigation Report / Serious Game

Please note:

To fill in this **Investigation Report**, you need the final results of your game-based scenario. The following items may refer to evidence from your investigation book, attachments you have screened, epidemiological statistics or your calculations.

Transfer the results carefully, they are the basis for the final evaluation.

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Based on a true event



1 Evolution of the outbreak in Hamburg

A Outbreak Statistics - enter your game scores:

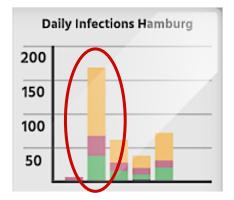
Estimated population of Hamburg:	
Total EHEC cases:	 (best: 363 / worst: 439)
Total HUS cases:	 (best: 152 / worst: 180)
Total deaths:	 (best: 4 / worst: 8)
Total cured:	 (best: 93 / worst: 115)
Community trust (mark the bar):	(best: max / worst: min)
Economic satisfaction (mark the bar):	(best: max / worst: min)
Public pressure (mark the bar):	(best: none / worst: max)

B Temporal Development:

Probable start of the outbreak:

Explain your assumption briefly given that the first cases were reported on April 28th, 2011:

At the beginning of the outbreak (Day 2, see figure) an exceptionally high number of cases was reported. What is the reason for this?



The peak of the outbreak occurred between April 10th and May 4th, 2011, specifically on with new cases of suspected EHEC of with new cases of confirmed EHEC of with new cases of confirmed HUS of

date:	
approx.:	
approx.:	
approx.:	







C Spatial Development:

Highlight and label the most affected regions in <u>Hamburg</u> (as of April 28th) on the map. Add the incidence per 100,000 inhabitants known from the reports:



Regions 1:
Incidence/100.000:
Regions 2:
Incidence/100.000:
Regions 3:
Incidence/100.000:
Regions 4:
Incidence/100.000:

Highlight the most affected regions in <u>Germany</u> on the map.

What could be an explanation for this distribution pattern?







E.D.D.i

<u>D Disease profile over time:</u>	
Initially reported syndrome:	
Identified infectious disease:	
Causative agent:	
Leading symptoms:	

Why and how has the Case Definition been updated? Why was this important?

Debunk the press!

What evidence (clinical + epidemiological) suggested that this was not an Ebola outbreak?

Fill in the table to differentiate previous and the recent EHEC outbreak from each other:

Indicators	Previous EHEC outbreak(s)	Recent EHEC outbreak
Risk group		
of severe		
complications		
Notifiable event?		
Identified serotype		
Remarks		
on antibiotic		
treatment		
Remarks		
on		
diagnostics		









E Transmission of the disease:

Potential routes of transmission:	(1)
	(2)
	(3)
	(4)
	(5)
	Mark the confirmed route of transmission.

Identification of the food item causing the infection along the investigation process:

<u>Step 1:</u> Food items associated with infection risk identified through interviews with affected patients	
<u>Step 2:</u> Food items with the highest OR identified through the 1 st case-control study at the Elbe Health Centre	Food items with highest OR: Item 1 OR = Item 2 OR =
<u>Step 3:</u> Food items with laboratory confirmation of EHEC-causing bacteria	
<u>Step 4:</u> Food item with the highest OR identified through the 2 nd case-control study investigating canteen food	Food item with highest OR: OR =
<u>Step 5:</u> Food item with the highest RR identified through the restaurant-based cohort study	Food item with highest OR: RR =

Laboratory results indicated that three out of four cucumber varieties imported from Spain carried EHEC bacteria. Yet, why is it controversial to issue a warning against consumption to the population?





