



National Outbreak Reporting System



Foodborne Disease Transmission, Person-to-Person Disease Transmission, Animal Contact

This form is used to report enteric foodborne, person-to-person, and animal contact-related disease outbreak investigations. This form has 5 sections: General, Etiology, Settings, Animal Contact, and Food, as indicated by tabs at the top of each page. **Complete the General and Etiology tabs for all modes of transmission and complete additional sections as indicated by the mode of transmission.** Please complete as much of all sections as possible.

CDC USE ONLY

CDC Report ID

State Report ID

Form Approved
OMB No. 0920-0004

General Section – complete for all modes of transmission except Water

Primary Mode of Transmission (check one)

- Food (complete General, Etiology, and Food tabs)
- Person-to-person (complete General, Etiology, and Settings tabs)
- Water (complete CDC 52.12)
- Environmental contamination other than food/water (complete General, Etiology, and Settings tabs)
- Animal contact (complete General, Etiology, and Animal Contact tabs)
- Other/Unknown (complete General, Etiology, and Settings tabs)

Investigation Methods (check all that apply)

- Interviews only of ill persons
- Case-control study
- Cohort study
- Food preparation review
- Water system assessment: Drinking water
- Water system assessment: Nonpotable water
- Treated or untreated recreational water venue assessment
- Investigation at factory/production/treatment plant
- Investigation at original source (e.g., farm, water source, etc.)
- Food product or bottled water traceback
- Environment/food/water sample testing
- Other

Comments

Dates (mm/dd/yyyy)

Date first case became ill (required) _____ Date last case became ill _____

Date of initial exposure _____ Date of last exposure _____

Date of report to CDC (other than this form) _____

Date of notification to State/Territory or Local/Tribal Health Authorities _____

Geographic Location

Exposure state: _____

- Exposure occurred in multiple states
- Exposure occurred in a single state, but cases resided in another state or multiple states

Other states: _____
(For multistate exposure or multistate residency outbreaks, enter the case count for each state)

Exposure county: _____

- Exposure occurred in multiple counties in exposure state
- Exposure occurred in a single county, but cases resided in another county or multiple counties

Other counties: _____

City/Town/Place of exposure: _____
(Do not include proprietary or private facility names)

Primary Cases

Number of primary cases	Sex (number or percent of the primary cases)							
	#	Male	#	%				
Lab-confirmed primary cases	#	Female	#	%				
Probable primary cases	#	Unknown	#	%				
Estimated total primary cases	#							
Primary Case Outcomes	# Cases	Total # of cases for whom info is available	Age (number or percent of the primary cases)					
			#	%	#	%		
Died	#	#	<1 year	#	%	20–49 years	#	%
Hospitalized	#	#	1–4 years	#	%	50–74 years	#	%
Visited Emergency Room	#	#	5–9 years	#	%	≥ 75 years	#	%
Visited health care provider (excluding ER visits)	#	#	10–19 years	#	%	Unknown	#	%

Incubation Period, Duration of Illness, Signs or Symptoms for Primary Cases Only

Incubation Period <i>(circle appropriate units)</i>			Duration of Illness <i>(among recovered cases-circle appropriate units)</i>		
Shortest		Min, Hours, Days	Shortest		Min, Hours, Days
Median		Min, Hours, Days	Median		Min, Hours, Days
Longest		Min, Hours, Days	Longest		Min, Hours, Days
Total # of cases for whom info is available			Total # of cases for whom info is available		
<input type="checkbox"/> Unknown incubation period			<input type="checkbox"/> Unknown duration of illness		

Signs or Symptoms *(*Refer to terms from appendix, if appropriate, to describe other common characteristics of cases.)*

Feature	# Cases with signs or symptoms	Total # of cases for whom info is available
Vomiting		
Diarrhea		
Bloody stools		
Fever		
Abdominal cramps		
HUS		
Asymptomatic		
*		
*		
*		

Secondary Cases

Mode of secondary transmission <i>(check all that apply)</i>	Number of secondary cases	
<input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Animal contact <input type="checkbox"/> Person-to-person <input type="checkbox"/> Environmental contamination other than food/water <input type="checkbox"/> Other/Unknown	Lab-confirmed secondary cases	#
	Probable secondary cases	#
	Estimated total secondary cases	#
	Estimated total cases (Primary + Secondary)	#

Environmental Health Specialists Network *(if applicable)*

EHS-Net Evaluation ID: 1.) _____ 2.) _____ 3.) _____ 4.) _____

Traceback *(for food and bottled water only, not public water)*

Please check if traceback conducted

Source name <i>(if publicly available)</i>	Source type <i>(e.g., poultry farm, tomato processing plant, bottled water factory)</i>	Location of source		Traceback Comments
		State	Country	

Recall

Please check if any food or bottled water product was recalled

Type of item recalled:

Comments:

Reporting Agency

Reporting state: _____ E-mail: _____
 Agency name: _____ Phone no.: _____
 Contact name: _____ Fax no.: _____
 Contact title: _____

General Remarks *Briefly describe important aspects of the outbreak not covered above. Please indicate if any adverse outcomes occurred in special populations (e.g., pregnant women, immunocompromised persons.)*

Etiology Section – complete for all modes of transmission except Water

1. Were any specimens collected and tested? Yes No Unknown *(If no or unknown, skip to Q5.)*

2. How many specimens of each type were tested?

Type of sample	Tested? (Yes/No/Unknown)	No. specimens tested
Human specimen		
Animal specimen		
Food		
Water		
Other environmental, specify in general remarks		

3. What were they tested for? *(check all that apply)*

- Bacteria (or bacterial toxins)
- Viruses
- Parasites
- Chemicals/Toxins
- Unknown

4. Test types *(select all test types used for clinical specimens)*

- Culture
- DNA or RNA Amplification/Detection (e.g. PCR, RT-PCR)
- Microscopy (e.g. Fluorescent, EM)
- Serological/immunological test (e.g., EIA, ELISA)
- Chemical testing
- Tissue culture infectivity assay
- Other (describe in general remarks)
- Unknown

5. Is there at least one confirmed* or suspected outbreak etiology(s)?

- Yes No (unknown etiology) *(If no, skip to next section.)*

*See http://www.cdc.gov/foodsafety/outbreaks/investigating-outbreaks/confirming_diagnosis.html

Etiology *(Name the bacterium, chemical/toxin, virus, or parasite. If available, include the serotype and other characteristics such as phage type, virulence factors, and metabolic profile.)*

Genus	Species	Serotype/Genotype	Other characteristics	# Of Lab-Confirmed cases	Detected in~	Etiology confirmed or suspected

~Detected in *(choose all that apply)*: 1 – patient specimen; 2 – food specimen; 3 – environmental specimen; 4 – food-worker specimen; 5 – water sample; 6 – animal specimen;

Isolates/Strains *(For bacterial pathogens, provide a representative for each distinct pattern. For viral pathogens, provide CaliciNet key, outbreak number, sequenced region, and genotype for each distinct strain.)*

State Lab ID/ Accession ID/ CaliciNet Key	CDC PulseNet Cluster Code or CaliciNet Outbreak Number	CDC PulseNet Pattern Designation for Enzyme 1	CDC PulseNet Pattern Designation for Enzyme 2	CaliciNet Sequenced Region/Other Molecular Designation 1	CaliciNet Genotype/ Other Molecular Designation 2

Settings Section – complete for person-to-person, environmental contamination, and other/unknown primary mode of transmission

Major setting of exposure (choose one)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Camp | <input type="checkbox"/> Hospital | <input type="checkbox"/> Other healthcare facility | <input type="checkbox"/> Religious facility |
| <input type="checkbox"/> Child day care | <input type="checkbox"/> Hotel/motel | <input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Event space | <input type="checkbox"/> Long-term care/nursing home/assisted living facility | <input type="checkbox"/> Prison/jail | <input type="checkbox"/> School/college/university |
| <input type="checkbox"/> Festival/fair | <input type="checkbox"/> Office/indoor workplace | <input type="checkbox"/> Private home/residence | <input type="checkbox"/> Ship/boat |

Attack rates for major setting of exposure

Group (based on setting)	Estimated exposed in major setting*	Estimated ill in major setting	Crude attack rate [(estimated ill / estimated exposed) x 100]
residents, guests, passengers, patients, etc.			
staff, crew, etc.			

*e.g., number of persons on ship, number of residents in nursing home or affected ward

Other settings of exposure (choose all that apply)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Camp | <input type="checkbox"/> Hospital | <input type="checkbox"/> Other healthcare facility | <input type="checkbox"/> Religious facility |
| <input type="checkbox"/> Child day care | <input type="checkbox"/> Hotel/motel | <input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Event space | <input type="checkbox"/> Long-term care/nursing home/assisted living facility | <input type="checkbox"/> Prison/jail | <input type="checkbox"/> School/college/university |
| <input type="checkbox"/> Festival/fair | <input type="checkbox"/> Office/indoor workplace | <input type="checkbox"/> Private home/residence | <input type="checkbox"/> Ship/boat |

Animal Contact Section – complete for animal contact primary mode of transmission

Setting of exposure	Type of animal	Animal Contact Remarks

Food Section – complete for foodborne primary mode of transmission

- Food vehicle undetermined

Food	1	2	3
Name of food (excluding any preparation)			
Ingredient(s) (enter all that apply)			
Contaminated ingredient(s) (enter all that apply)			
Total # of cases exposed to implicated food			
Reason(s) suspected (enter all that apply from list in appendix)			
Method of processing (enter all that apply from list in appendix)			
Method of preparation (select one from list in appendix)			
Level of preparation (select one from list in appendix)			
Contaminated food imported to US?	<input type="checkbox"/> Yes, Country _____ <input type="checkbox"/> Yes, Unknown <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Country _____ <input type="checkbox"/> Yes, Unknown <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Country _____ <input type="checkbox"/> Yes, Unknown <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was product both produced under domestic regulatory oversight and sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Location where food was prepared (check all that apply)		Location of exposure (where food was eaten) (check all that apply)	
<input type="checkbox"/> Banquet facility (food prepared and served on-site)	<input type="checkbox"/> Other healthcare facility	<input type="checkbox"/> Banquet facility (food prepared and served on-site)	<input type="checkbox"/> Other healthcare facility
<input type="checkbox"/> Camp	<input type="checkbox"/> Prison/jail	<input type="checkbox"/> Camp	<input type="checkbox"/> Prison/jail
<input type="checkbox"/> Caterer (food prepared off-site from where served)	<input type="checkbox"/> Private home/residence	<input type="checkbox"/> Caterer (food prepared off-site from where served)	<input type="checkbox"/> Private home/residence
<input type="checkbox"/> Child day care	<input type="checkbox"/> Religious facility	<input type="checkbox"/> Child day care	<input type="checkbox"/> Religious facility
<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Restaurant- Buffet	<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Restaurant- Buffet
<input type="checkbox"/> Farm/dairy	<input type="checkbox"/> Restaurant – ‘Fast-food’ (drive up service or pay at counter)	<input type="checkbox"/> Farm/dairy	<input type="checkbox"/> Restaurant – ‘Fast-food’ (drive up service or pay at counter)
<input type="checkbox"/> Grocery store	<input type="checkbox"/> Restaurant – Other or unknown type	<input type="checkbox"/> Grocery store	<input type="checkbox"/> Restaurant – Other or unknown type
<input type="checkbox"/> Hospital	<input type="checkbox"/> Restaurant – Sit-down dining	<input type="checkbox"/> Hospital	<input type="checkbox"/> Restaurant – Sit-down dining
<input type="checkbox"/> Hotel/motel	<input type="checkbox"/> School/college/university	<input type="checkbox"/> Hotel/motel	<input type="checkbox"/> School/college/university
<input type="checkbox"/> Long-term care/nursing home/assisted living facility	<input type="checkbox"/> Ship/boat	<input type="checkbox"/> Long-term care/nursing home/assisted living facility	<input type="checkbox"/> Ship/boat
<input type="checkbox"/> Office/indoor workplace	<input type="checkbox"/> Unknown	<input type="checkbox"/> Office/indoor workplace	<input type="checkbox"/> Unknown

 Other (describe in Where Prepared Remarks)

 Other (describe in Where Eaten Remarks)

Where Prepared Remarks:

Where Eaten Remarks:

Contributing Factors (check all that contributed to this outbreak)

 Contributing factors unknown

Contamination Factor
 C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 C13 C14 C15 C-N/A

Proliferation/Amplification Factor (bacterial outbreaks only)

 P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11 P12 P-N/A

Survival Factor
 S1 S2 S3 S4 S5 S-N/A

The confirmed or suspected point of contamination (check one)

 Before preparation Preparation If ‘Before Preparation’: Pre-Harvest Processing Unknown

Reason suspected (check all that apply)

 Environmental evidence

 Laboratory evidence

 Epidemiologic evidence

 Prior experience makes this a likely source

Was food-worker implicated as the source of contamination? Yes No

If yes, please check only one of the following:
 Laboratory **and** epidemiologic evidence

 Epidemiologic evidence

 Laboratory evidence

 Prior experience makes this a likely source

School Questions

(Complete this section only if “school” is checked in either sections “Location where food was prepared” or “Location of exposure (where food was eaten)”.)

1. Did the outbreak involve a single or multiple schools? Single Multiple (number of schools _____)

2. School characteristics (for all involved students in all involved schools)

a. Total approximate enrollment: _____ (number of students) Unknown or undetermined

b. Grade level(s)

Grade school (grades K-12)

Please check all grades affected: K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

College/university/technical school

Unknown or Undetermined

c. Primary funding of involved schools

Public Private Unknown

3. Describe the preparation of the implicated item:
(check all that apply)

Heat and serve (item mostly prepared or cooked off-site, reheated on-site)

Served a-la-carte

Serve only (preheated or served cold)

Cooked on-site using primary ingredients

Provided by a food service management company

Provided by a fast-food vendor

Provided by a pre-plate company

Part of a club or fundraising event

Made in the classroom

Brought by a student/teacher/parent

Other (describe in General Remarks)

Unknown or Undetermined

4. How many times has the state, county or local health department inspected this school cafeteria or kitchen in the 12 months before the outbreak?*

Once

Twice

More than two times

Not inspected

Unknown or Undetermined

*If multiple schools are involved, please answer according to the most affected school.

5. Does the school have a HACCP plan in place for the school feeding program?*

Yes

No

Unknown or Undetermined

*If multiple schools are involved, please answer according to the most affected school.

6. Was implicated food item provided to the school through the National School Lunch/Breakfast Program?

Yes

No

Unknown or Undetermined

If yes, was the implicated food item donated/purchased by:

USDA through the Commodity Distribution Program

The state/school authority

Other (describe in General Remarks)

Unknown or Undetermined

Ground Beef

1. What percentage of ill persons (for whom information is available) ate ground beef raw or undercooked? _____ %

2. Was ground beef case-ready? Yes No Unknown

(Case-ready ground beef is meat that comes from a manufacturer packaged for sale that is not altered or repackaged by the retailer.)

3. Was the beef ground or reground by the retailer?

Yes No Unknown

If yes, was anything added to the beef during grinding (such as shop trim or any product to alter the fat content)?: _____

Additional Salmonella Questions

(Complete this section for Salmonella outbreaks)

1. Phage type(s) of patient isolates:

_____ if RDNC* then include # _____ if RDNC* then include # _____

_____ if RDNC* then include # _____ if RDNC* then include # _____

* Reacts, Does Not Conform

Eggs

1. Were eggs (check all that apply)

in shell, unpasteurized?

consumed raw?

in shell, pasteurized?

consumed undercooked?

packaged liquid or dry?

pooled?

stored with inadequate refrigeration during or after sale?

2. Was Salmonella enteritidis found on the farm? Yes No Unknown

Egg Comment (e.g., eggs and patients isolates matched by phage type): _____