



# 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, Laboratory, Person to Person, Animal contact, and Food, as indicated by tabs at the top of each page. **Complete the General and Laboratory 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. 0000-0000

### General Section

#### Primary Mode of Transmission (check one)

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

Reporting state: \_\_\_\_\_

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

Other states: \_\_\_\_\_

Reporting county: \_\_\_\_\_

- Exposure occurred in multiple counties in reporting state
- Exposure occurred in a single county but cases resided in multiple counties in reporting state

Other counties: \_\_\_\_\_

City/Town/Place of exposure: \_\_\_\_\_

*Do not include proprietary or private facility names*

#### Primary Cases

| Number of Primary Cases                                 |         | Sex (estimated percent of the primary cases) |  |   |             |   |
|---|---------|--|--|---|-------------|---|
| # Lab-confirmed cases                                   | (A)     | Male   |  | % |             |   |
| # Probable cases  | (B)     | Female                                       |  | % |             |   |
| # Estimated total primary ill (if greater than sum A+B) |         |  |  |   |             |   |
|   | # Cases | Total # of cases for whom info is available  | Approximate percent of primary cases in each age group |   |             |   |
| # 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 # cases for whom info available |
|------------------|--------------------------------|---------------------------------------|
| Vomiting         |                                |                                       |
| Diarrhea         |                                |                                       |
| Bloody stools    |                                |                                       |
| Fever            |                                |                                       |
| Abdominal cramps |                                |                                       |
| HUS              |                                |                                       |
| Asymptomatic     |                                |                                       |
| *                |                                |                                       |
| *                |                                |                                       |
| *                |                                |                                       |

**Secondary Cases**

| Mode of Secondary Transmission <i>(check one)</i>   | Number of Secondary Cases                            |     |
|---|--|-----|
| <input type="checkbox"/> Food<br><input type="checkbox"/> Water<br><input type="checkbox"/> Animal contact<br><input type="checkbox"/> Person-to-person<br><input type="checkbox"/> Environmental contamination other than food/water<br><input type="checkbox"/> Indeterminate/Other/Unknown | # Lab-confirmed secondary cases                      | (A) |
|   | # Probable secondary cases                           | (B) |
|   | Total # of secondary cases (if greater than sum A+B) |     |
|   | Total # of cases (Primary + Secondary)               |     |

**Environmental Health Specialists Network *(if applicable)***

EHS-Net Evaluation ID: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

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

Please check if traceback conducted

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

**Recall**

Please check if any food or bottled water product was recalled

Type of item recalled:

Comments:

**Reporting Agency**

Agency name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Contact name: \_\_\_\_\_ Contact title: \_\_\_\_\_  
 Phone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

**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)***

**Laboratory Section**Etiology known?  Yes  NoIf etiology is *unknown*, were patient specimens collected?  Yes  No  Unknown

If yes, how many specimens collected? (provide numeric value) \_\_\_\_\_

What were they tested for? (check all that apply)  Bacteria  Chemicals/Toxins  Viruses  Parasites**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. Confirmation criteria available at [http://www.cdc.gov/foodborneoutbreaks/guide\\_fd.htm](http://www.cdc.gov/foodborneoutbreaks/guide_fd.htm) or MMWR2000/Vol. 49/SS-1/App. B)

| Genus | Species | Serotype | Confirmed outbreak etiology  | Other Characteristics | Detected in* | # Lab-confirmed cases |
|-------|---------|----------|------------------------------|-----------------------|--------------|-----------------------|
|       |         |          | <input type="checkbox"/> yes |                       |              |                       |
|       |         |          | <input type="checkbox"/> yes |                       |              |                       |
|       |         |          | <input type="checkbox"/> yes |                       |              |                       |
|       |         |          | <input type="checkbox"/> yes |                       |              |                       |

\*Detected in (choose all that apply): 1 - patient specimen 2 - food specimen 3 - environment specimen 4 - food worker specimen

**Isolates** (For bacterial pathogens, provide a representative for each distinct pattern; provide lab ID for all specimens submitted for viral sequencing)

| State Lab ID | PulseNet Outbreak Code | CDC PulseNet Pattern Designation for Enzyme 1 | CDC PulseNet Pattern Designation for Enzyme 2 | Other Molecular Designation | Other Molecular Designation |
|--------------|------------------------|---|---|-----------------------------|-----------------------------|
|              |                        |   |   |                             |                             |
|              |                        |   |   |                             |                             |
|              |                        |   |   |                             |                             |

**Person to Person****Major setting of exposure (choose one)**

- Camp  Hotel  Private setting (residential home)  School  
 Child day care  Nursing home  Religious facility  Ship  
 Community-wide  Prison or detention facility  Restaurant  Workplace  
 Hospital  Other, please specify: \_\_\_\_\_

**Attack rates for major settings 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)**

- Camp  Hotel  Private setting (residential home)  School  
 Child day care  Nursing home  Religious facility  Ship  
 Community-wide  Prison or detention facility  Restaurant  Workplace  
 Hospital  Other, please specify: \_\_\_\_\_

**Animals and their environment**

| Setting of exposure | Type of animal | Remarks |
|---------------------|----------------|---------|
|                     |                |         |
|                     |                |         |
|                     |                |         |

**Food-specific data**
 Food vehicle undetermined      Total # of cases exposed to implicated food \_\_\_\_\_

| Food  | 1   | 2   | 3   |
|---|---|---|---|
| Name of food<br>(excluding any preparation)   |   |   |   |
| Ingredient(s)<br>(enter all that apply)   |   |   |   |
| Contaminated ingredients<br>(enter all that apply)                                    |   |   |   |
| 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 (enter all from list in appendix)                               |   |   |   |
| Level of preparation<br>(select from list in appendix)                                |   |   |   |
| Contaminated food imported to US?   | <input type="checkbox"/> Yes, Country _____<br><input type="checkbox"/> Yes, Unknown<br><input type="checkbox"/> No | <input type="checkbox"/> Yes, Country _____<br><input type="checkbox"/> Yes, Unknown<br><input type="checkbox"/> No | <input type="checkbox"/> Yes, Country _____<br><input type="checkbox"/> Yes, Unknown<br><input type="checkbox"/> No |
| Was product <i>both</i> produced under domestic regulatory oversight <i>and</i> sold? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><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"/> Restaurant – ‘Fast-food’ (drive up service or pay at counter) | <input type="checkbox"/> Nursing home, assisted living facility, home care | <input type="checkbox"/> Restaurant – ‘Fast-food’ (drive up service or pay at counter) | <input type="checkbox"/> Nursing home, assisted living facility, home care |
| <input type="checkbox"/> Restaurant – Sit-down dining                                  | <input type="checkbox"/> Hospital  | <input type="checkbox"/> Restaurant – Sit-down dining                                  | <input type="checkbox"/> Hospital  |
| <input type="checkbox"/> Restaurant – Other or unknown type                            | <input type="checkbox"/> Child day care center                             | <input type="checkbox"/> Restaurant – Other or unknown type                            | <input type="checkbox"/> Child day care center                             |
| <input type="checkbox"/> Private home  | <input type="checkbox"/> School  | <input type="checkbox"/> Private home  | <input type="checkbox"/> School  |
| <input type="checkbox"/> Banquet Facility (food prepared and served on-site)           | <input type="checkbox"/> Prison, jail                                      | <input type="checkbox"/> Banquet Facility (food prepared and served on-site)           | <input type="checkbox"/> Prison, jail                                      |
| <input type="checkbox"/> Carterer (food prepared off-site from where served)           | <input type="checkbox"/> Church, temple, religious location                | <input type="checkbox"/> Carterer (food prepared off-site from where served)           | <input type="checkbox"/> Church, temple, religious location                |
| <input type="checkbox"/> Fair, festival, other temporary or mobile services            | <input type="checkbox"/> Camp  | <input type="checkbox"/> Fair, festival, other temporary or mobile services            | <input type="checkbox"/> Camp  |
| <input type="checkbox"/> Grocery store   | <input type="checkbox"/> Picnic  | <input type="checkbox"/> Grocery store   | <input type="checkbox"/> Picnic  |
| <input type="checkbox"/> Workplace, not cafeteria                                      | <input type="checkbox"/> Other (describe in remarks)                       | <input type="checkbox"/> Workplace, not cafeteria                                      | <input type="checkbox"/> Other (describe in remarks)                       |
| <input type="checkbox"/> Workplace cafeteria   | <input type="checkbox"/> Unknown   | <input type="checkbox"/> Workplace cafeteria   | <input type="checkbox"/> Unknown   |

Remarks:

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  N/A**Proliferation/Amplification Factor** (bacterial outbreaks only) P1  P2  P3  P4  P5  P6  P7  P8  P9  P10  P11  P12  N/A**Survival Factor** S1  S2  S3  S4  S5  N/A**The confirmed or suspected point of contamination** (Check one) Before preparation  PreparationIf 'before preparation':  Pre-Harvest  Processing  Unknown**Reason suspected** (Check all that apply) Environmental evidence Laboratory evidence Epidemiologic evidence Prior experience makes this a likely sourceWas 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 prepared)")

**1. Did the outbreak involve a single or multiple schools?**

- Single
- Multiple (If yes, 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) Preschool 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 \_\_\_\_\_
- 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

**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  
 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?  
 in shell, pasteurized?  
 packaged liquid or dry?  
 stored with inadequate refrigeration during or after sale?  
 consumed raw?  
 consumed undercooked?  
 pooled?

2. Was SE found on the farm?  Yes  No  Unknown

Comment (*e.g. eggs and patients isolates matched by phage type*): \_\_\_\_\_