



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

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 (number or percent of the primary cases) |   |   |             |   |   |
|--|---------|---|--|---|---|-------------|---|---|
| Lab-confirmed primary cases                        | #       | Male  | #  |   |   | %           |   |   |
| Probable primary cases                             | #       | Female                                      | #  |   |   | %           |   |   |
| Estimated total primary cases                      | #       | Unknown                                     | #  |   |   | %           |   |   |
| 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<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"/> 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<br><i>(if publicly available)</i> | Source type<br><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**

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

**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 WaterEtiology known?  Yes  NoIf etiology is *unknown*, were patient specimens collected?  Yes  No  UnknownIf 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/outbreaknet/references\\_resources/guide\\_confirming\\_diagnosis.html](http://www.cdc.gov/outbreaknet/references_resources/guide_confirming_diagnosis.html) or MMWR2000/Vol. 49/SS-1/App. B*)

| Genus | Species | Serotype/Genotype | Confirmed outbreak etiology  | Other characteristics | Detected in* | # Of 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/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/<br>CaliciNet Key | CDC PulseNet or<br>CaliciNet Outbreak<br>Number | CDC PulseNet Pattern<br>Designation for<br>Enzyme 1 | CDC PulseNet Pattern<br>Designation for<br>Enzyme 2 | CaliciNet Sequenced<br>Region/Other Molecular<br>Designation 1 | CaliciNet Genotype/<br>Other Molecular<br>Designation 2 |
|--------------------------------|---|---|---|--|---|
|                                |   |   |   |  |   |
|                                |   |   |   |  |   |
|                                |   |   |   |  |   |

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

| Group ( <i>based on setting</i> )             | Estimated exposed in major setting* | Estimated ill in major setting | Crude attack rate [( <i>estimated ill / estimated exposed</i> ) 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: \_\_\_\_\_

**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<br>(excluding any preparation)   |   |   |   |
| Ingredient(s)<br>(enter all that apply)   |   |   |   |
| Contaminated ingredient(s)<br>(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 _____<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"/> Caterer (food prepared off-site from where served)            | <input type="checkbox"/> Church, temple, religious location                | <input type="checkbox"/> Caterer (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 Where Prepared Remarks)        | <input type="checkbox"/> Workplace, not cafeteria                                      | <input type="checkbox"/> Other (describe in Where Eaten Remarks)           |
| <input type="checkbox"/> Workplace cafeteria   | <input type="checkbox"/> Unknown   | <input type="checkbox"/> Workplace cafeteria   | <input type="checkbox"/> Unknown   |

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

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

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

\_\_\_\_\_