



# 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

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<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**

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](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 _____<br><input type="checkbox"/> Yes, Unknown<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Yes, Country _____<br><input type="checkbox"/> Yes, Unknown<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Yes, Country _____<br><input type="checkbox"/> Yes, Unknown<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Was product both produced under domestic regulatory oversight and 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<br>(check all that apply)                    |  | Location of exposure (where food was eaten)<br>(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): \_\_\_\_\_