

# National Outbreak Reporting System

## Foodborne Disease Transmission, Person-to-Person Disease Transmission, Animal Contact, Environmental Contamination, Unknown Transmission Mode



*This form is used to report investigations of foodborne disease outbreaks and enteric disease outbreaks transmitted by contact with persons, animals, or environmental sources, or by an unknown mode of transmission. 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 as possible of all applicable sections.***

CDC USE ONLY

CDC ID

State ID

Form Approved  
OMB No. 0920-0004

### General Section – complete for all modes of transmission except water

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

- |  |   |
|--|---|
| <input type="checkbox"/> Food (complete General, Etiology, and Food tabs)<br><input checked="" type="checkbox"/> Water (complete CDC 52.12)<br><input type="checkbox"/> Animal contact (complete General, Etiology, and Animal Contact tabs) | <input type="checkbox"/> Person-to-person (complete General, Etiology, and Settings tabs)<br><input type="checkbox"/> Environmental contamination other than food/water (complete General, Etiology, and Settings tabs)<br><input type="checkbox"/> Other/Unknown (complete General, Etiology, and Settings tabs) |
|--|---|

#### Investigation Methods (Check all that apply)

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

#### Comments

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#### 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)		
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)					
			<1 year	1–4 years	5–9 years	10–19 years	20–49 years	≥ 75 years
Died	#	#	#	%	#	%	#	%
Hospitalized	#	#	#	%	#	%	#	%
Visited Emergency Room	#	#	#	%	#	%	#	%
Visited health care provider (excluding ER visits)	#	#	#	%	#	%	#	%

**General**

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

Incubation Period <i>(Select appropriate units)</i>			Duration of Illness <i>(Among recovered cases-select appropriate units)</i>		
Shortest		<b>Min, Hours, Days</b>	Shortest		<b>Min, Hours, Days</b>
Median		<b>Min, Hours, Days</b>	Median		<b>Min, Hours, Days</b>
Longest		<b>Min, Hours, Days</b>	Longest		<b>Min, Hours, Days</b>
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 E, if appropriate, to describe other common characteristics of cases.)

Sign or symptom	# cases with signs or symptoms	Total # cases for whom info is available
Vomiting		
Diarrhea		
Bloody stools		
Fever		
Abdominal cramps		
HUS		
*		
*		
*		
*		

**Secondary Cases**

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

**Other CDC System IDs** *(If applicable)*

NEARS ID: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_  
 OHHABS ID: 1) \_\_\_\_\_ 2) \_\_\_\_\_

**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 site: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Agency name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Contact name: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 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

### Etiology Section – complete for all modes of transmission except water

#### Clinical and Environmental Testing

1. Were any samples collected and tested?  Yes  No  Unknown *(If no or unknown, skip to Q6)*

2. How many samples of each type were tested?

Type of sample	Tested? (yes/no/unknown)	Number of samples tested
Human specimen		
Animal specimen		
Food		
Water		
Other environmental <i>(specify in general remarks)</i>		

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)*

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

5. Was antimicrobial susceptibility testing (AST) performed?  Yes  No  Unknown

If yes, where was AST performed?  Clinical lab  Public health lab  CDC-NARMS  Other  Unknown

If yes, were any antimicrobial resistant isolates associated with the outbreak?  Yes  No  Unknown

6. 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	Etiology confirmed or suspected	# of lab-confirmed cases	Detected in~

~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 norovirus outbreaks, provide CaliciNet key, outbreak number, sequenced region, and genotype for each distinct strain.)*

CDC system	State lab ID/ Accession ID/ CaliciNet key/ PulseNet 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/whole genome sequencing ID	CaliciNet genotype/ other molecular designation

**Settings**

**Animal Contact**

**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"/> Office/indoor workplace   | <input type="checkbox"/> Private home/residence    | <input type="checkbox"/> Shelter/group home/transitional housing |
| <input type="checkbox"/> Child day care | <input type="checkbox"/> Hotel/motel  | <input type="checkbox"/> Other healthcare facility | <input type="checkbox"/> Religious facility        | <input type="checkbox"/> Ship/boat                               |
| <input type="checkbox"/> Event space    | <input type="checkbox"/> Long-term care/nursing home/assisted living facility | <input type="checkbox"/> Other (specify)           | <input type="checkbox"/> Restaurant                | <input type="checkbox"/> Unknown                                 |
| <input type="checkbox"/> Festival/fair  |   | <input type="checkbox"/> Prison/jail               | <input type="checkbox"/> School/college/university |  |

Specify setting \_\_\_\_\_

**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"/> Office/indoor workplace   | <input type="checkbox"/> Private home/residence    | <input type="checkbox"/> Shelter/group home/transitional housing |
| <input type="checkbox"/> Child day care | <input type="checkbox"/> Hotel/motel  | <input type="checkbox"/> Other healthcare facility | <input type="checkbox"/> Religious facility        | <input type="checkbox"/> Ship/boat                               |
| <input type="checkbox"/> Event space    | <input type="checkbox"/> Long-term care/nursing home/assisted living facility | <input type="checkbox"/> Other (specify)           | <input type="checkbox"/> Restaurant                | <input type="checkbox"/> Unknown                                 |
| <input type="checkbox"/> Festival/fair  |   | <input type="checkbox"/> Prison/jail               | <input type="checkbox"/> School/college/university |  |

Specify setting \_\_\_\_\_

**Additional Shigella Questions** (Complete this section for Shigella outbreaks)

- Did any case-patients report travel prior to illness onset?  Yes  No  Unknown  
If yes, was travel international, domestic, or both?  International  Domestic  Both  Unknown
- Were any confirmed, suspected, or probable case-patients immunocompromised (e.g., HIV/AIDS)?  Yes  No  Unknown
- Were there any confirmed, suspected, or probable cases among men who have sex with men?  Yes  No  Unknown

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

Animal vehicle undetermined Reason(s) animal contact, but undetermined vehicle (enter all that apply from list in appendix E): \_\_\_\_\_

Animal	1	2	3
<b>Animal Type</b> (select one from list in appendix E)			
<b>Animal Type</b> (specify)			
<b>Confirmed or suspected vehicle</b>			
<b>Reason(s) confirmed or suspected</b> (enter all that apply from list in appendix E)			

- 1. Settings of exposure** (check all that apply)
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Agricultural feed store     | <input type="checkbox"/> Live animal market                                   | <input type="checkbox"/> Private home/residence    |
| <input type="checkbox"/> Animal shelter or sanctuary | <input type="checkbox"/> Long-term care/nursing home/assisted living facility | <input type="checkbox"/> School/college/university |
| <input type="checkbox"/> Camp                        | <input type="checkbox"/> Pet store or other retail location                   | <input type="checkbox"/> Veterinary clinic         |
| <input type="checkbox"/> Child day care              | <input type="checkbox"/> Petting zoo  | <input type="checkbox"/> Zoo or animal exhibit     |
| <input type="checkbox"/> Farm/dairy                  | <input type="checkbox"/> Prison/jail  | <input type="checkbox"/> Other (specify*)          |
| <input type="checkbox"/> Festival or fair            |   | <input type="checkbox"/> Unknown                   |
| <input type="checkbox"/> Hospital                    |   |  |
| <input type="checkbox"/> Laboratory                  |   |  |

- 2. Was pet food or animal feed implicated as a potential source of the outbreak?**  Yes  No  Unknown
- If yes, please specify:**
- Prepackaged pet food
  - Pet treats or chews
  - Homemade pet food
  - Commercially prepared 'raw' pet food
  - Frozen or fresh feeder rodents
  - Blended feed
  - Other (specify\*)
  - Unknown

- 3. Did any cases have exposure to livestock or household pets that were experiencing diarrhea?**  Yes  No  Unknown

- 5. What prevention measures or recommendations were used to stop the outbreak and prevent additional infections?** (check all that apply)
- |  |   |
|--|---|
| <input type="checkbox"/> Handwashing                     | <input type="checkbox"/> None             |
| <input type="checkbox"/> Quarantine/stop movement        | <input type="checkbox"/> Other (specify*) |
| <input type="checkbox"/> Venue or event closure          | <input type="checkbox"/> Unknown          |
| <input type="checkbox"/> Removal of animals from setting |   |

- 4. Was the "Compendium of Measures to Prevent Disease Associated with Animals in Public Settings" used in the investigation?**  Yes  No  Unknown

**Animal contact remarks** (\*If "Other" was chosen, specify here): \_\_\_\_\_

**Food Section – complete for foodborne primary mode of transmission**
 Food vehicle undetermined Reason(s) foodborne, but undetermined vehicle (enter all that apply from list in appendix E): \_\_\_\_\_

Food	1	2	3
<b>Name of food</b> (excluding any preparation)			
<b>Confirmed or suspected vehicle</b>			
<b>Reason(s) confirmed or suspected</b> (enter all that apply from list in appendix E)			
<b>Ingredient(s)</b> (enter all that apply)			
<b>Contaminated ingredient(s)</b> (enter all that apply)			
<b>Total # of cases exposed to implicated food</b>			
<b>Method of processing</b> (enter all that apply from list in appendix E)			
<b>Method of preparation</b> (select one from list in appendix E)			
<b>Level of preparation</b> (select one from list in appendix E)			
<b>Contaminated food imported to US?</b>	<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
<b>Was product <i>both</i> produced under domestic regulatory oversight <i>and</i> sold?</b>	<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)
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<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

<input type="checkbox"/> Other (specify in ‘where prepared remarks’)	<input type="checkbox"/> Other (specify in ‘where eaten remarks’)
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<b>Where prepared remarks:</b>	<b>Where eaten remarks:</b>

**Was there a kitchen manager certified in food safety at the location of preparation?**  Yes  No  Unknown

**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**Confirmed or Suspected Point of Contamination** (check one) Before preparation  Preparation  Unknown  
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  Unknown**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 (specify 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 for the school with the most cases.

**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 for the school with the most cases.

**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 (specify 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 *(e.g., shop trim or any product to alter the fat content)*?: \_\_\_\_\_

## Eggs

- |   |   |
|---|---|
| <p>1. <b>Were eggs</b> <i>(check all that apply)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> in shell, unpasteurized</li> <li><input type="checkbox"/> in shell, pasteurized</li> <li><input type="checkbox"/> packaged liquid or dry</li> <li><input type="checkbox"/> stored with inadequate refrigeration during or after sale</li> <li><input type="checkbox"/> consumed raw</li> <li><input type="checkbox"/> consumed undercooked</li> <li><input type="checkbox"/> pooled</li> </ul> | <p>2. <b>Was <i>Salmonella</i> Enteritidis found on the farm?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown</p> <p><b>Egg comment</b><br/> <i>(e.g., eggs and patients isolates matched by phage type):</i></p> <p>_____</p> |
|---|---|

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA, 30333, ATTN: PRA (0920-0004) <--DO NOT MAIL CASE REPORTS TO THIS ADDRESS-->