



Fax completed form to DOH
 Communicable Disease
 Epidemiology
 Fax: 206-418-5515

Date of initial notification to DOH:

___/___/___

Date report sent to DOH: ___/___/___

LHJ Cluster #: _____

LHJ Cluster Name: _____

DOH outbreak #: _____

NORS #: _____

Outbreak Reporting Form – Food

Disease

Form Status

- Preliminary report; in progress
 Final report

REPORTING AGENCY INFORMATION

Local health jurisdiction (LHJ) _____

Contact person _____

Contact person phone (____) ____ - _____

Lead agency _____

Initial LHJ notification date & time ___/___/___ ____ am/pm

Notified by: _____

(E.g. Report from school, daycare, lab, etc.)

Investigation start date & time ___/___/___ ____ am/pm

Investigation completion date ___/___/___

INVESTIGATION METHODS (check all that apply)

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

If applicable, attach further information about investigative activities and tools (e.g. epidemic curves, questionnaires, case definitions)

Comments

DATES (mm/dd/yyyy)

Date first case became ill: ___/___/___

Date last case became ill: ___/___/___

Date of initial exposure: ___/___/___

Date of last exposure: ___/___/___

GEOGRAPHIC LOCATION

Place of Exposure (e.g., Name & City of restaurant): _____

County of exposure: _____ or Exposure occurred in multiple counties, please list: _____

County of cases' residence: _____ or Cases resided in multiple counties, please list: _____

PRIMARY CASES

Number of Primary Cases		Sex (estimated % of the primary cases)				
# Lab-confirmed cases		Male			%	
# Probable cases		Female			%	
# Estimated total primary ill						
	# cases	Total # for whom info is available	Approx % of primary cases by age			
# Died			<1 yr	%	20-49 yrs	%
# Hospitalized			1-4 yrs	%	50-74 yrs	%
# Visited emergency room			5-9 yrs	%	≥75 yrs	%
# Visited health care provider (excluding ER visits)			10-19 yrs	%	Unknown	%

INCUBATION PERIOD

Shortest		Min, Hours, Days
Median		Min, Hours, Days
Longest		Min, Hours, Days

DURATION OF ILLNESS

Shortest		Min, Hours, Days
Median		Min, Hours, Days
Longest		Min, Hours, Days

Total # of cases or whom info available

Total # of cases or whom info available

Unknown incubation period

Unknown duration of illness

SIGNS OR SYMPTOMS						
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 (check all that apply)				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"/> Indeterminate/Other/Unknown				# Lab-confirmed secondary cases		
				# Probable secondary cases		
				Total # secondary cases		
				Total # cases (Primary + Secondary)		
LABORATORY						
Is the etiologic agent laboratory confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No If etiology is not laboratory confirmed, were patient specimens collected? <input type="checkbox"/> Yes, # collected _____ <input type="checkbox"/> No				If etiologic agent is not laboratory confirmed, the following agent is suspected based on the epidemiologic evidence: <input type="checkbox"/> Bacterial toxin <input type="checkbox"/> Bacterial infection <input type="checkbox"/> Virus <input type="checkbox"/> Chemical <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown		
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			
*Detected in (choose all that apply) 1 – patient specimen 2 – food specimen 3 – environment specimen 4 – food worker specimen						
FOOD-SPECIFIC DATA						
<input type="checkbox"/> Food vehicle undetermined Total # of cases exposed to implicated food _____						
			Food 1		Food 2	
Name of food (excluding any preparation)						
Reason(s) suspected* (choose all that apply)						
Method of processing* (choose all that apply)						
Method of preparation* (choose one)						
Level of preparation* (choose one)						
*See list below for options Reason(s) suspected: 1 – Statistical evidence from epidemiological investigation 2 – Laboratory evidence (e.g., identification of agent in food) 3 – Compelling supportive information 4 – Other data (e.g., same phage type found on farm that supplied eggs) 5 – Specific evidence lacking but prior experience makes it likely source Method of processing (Prior to point-of-service: Processor): P1 – Pasteurized (e.g., liquid milk, cheese, and juice etc.) P2 – Unpasteurized (e.g., liquid milk, cheese, and juice etc.) P3 – Shredded or diced produce P4 – Pre-packaged (e.g., bagged lettuce or other produce) P5 – Irradiation P6 – Pre-washed P7 – Frozen P8 – Canned P9 – Acid treatment (e.g., commercial potato salad with vinegar, etc.) P10 – Pressure treated (e.g., oysters, etc.) P11 – None or Unknown			Method of Preparation (At point-of-service: Retail: restaurant, food store): R1 – Prepared in the home R2 – Ready to eat food: No manual preparation, No cook step (e.g., sliced cheese, pre-packaged deli meats; whole raw fruits; raw oysters, bottled juice, etc.) R3 – Ready to eat food: Manual preparation, No cook step (e.g., fresh vegetables, cut fresh fruits, chicken salad made from canned chicken, reconstituted juice, etc.) R4 – Cook and Serve Foods: Immediate service (e.g., soft-cooked eggs, hamburgers, etc.) R5 – Cook and hot hold prior to service. (e.g., fried chicken, soups, hot vegetables, hot dogs, mashed potatoes, etc.) R6 – Advance preparation: Cook, cool, serve (e.g., sliced roast beef from a whole cooked roast, etc.) R7 – Advance preparation: Cook, cool, reheat, serve (e.g., lasagna, casseroles, soups, gravies, sauces, chili, etc.) R8 – Advance preparation: Cook, cool, reheat, hot hold, serve (e.g., chili, refried beans, etc.) R9 – Advance preparation: Cook-chill and Reduced Oxygen Packaging (ROP) (e.g., sauces, gravies, cheeses, etc. packaged under ROP) R10 – None/ Unknown Level of preparation: 1 – Foods eaten raw with minimal or no processing. (e.g., washing, cooling) 2 – Foods eaten raw with some processing. (e.g., no cooking, fresh cut and/or packaged raw) 3 – Foods eaten heat processed. (e.g., cooked: a microbiological kill step was involved in processing)			

CONTRIBUTING FACTORS	
Contamination Factors (check all that apply)	Proliferation/Amplification Factors (check all that apply)
<input type="checkbox"/> C1 Toxic substance part of tissue	<input type="checkbox"/> P1 Food preparation practices that support proliferation of pathogens (during food preparation)
<input type="checkbox"/> C2 Poisonous substance intentionally/deliberately added	<input type="checkbox"/> P2 No attempt was made to control the temperature of implicated food or the length of time food was out of temperature control (during food service or display of food)
<input type="checkbox"/> C3 Poisonous or physical substance accidentally/inadvertently added	<input type="checkbox"/> P3 Improper adherence of approved plan to use Time as a Public Health Control
<input type="checkbox"/> C4 Addition of excessive quantities of ingredients that are toxic in large amounts	<input type="checkbox"/> P4 Improper cold holding due to malfunctioning refrigeration equipment
<input type="checkbox"/> C5 Toxic container	<input type="checkbox"/> P5 Improper cold holding due to an improper procedure or protocol
<input type="checkbox"/> C6 Contaminated raw product – food was intended to be consumed after a kill step	<input type="checkbox"/> P6 Improper hot holding due to malfunctioning equipment
<input type="checkbox"/> C7 Contaminated raw product – food was intended to be consumed raw or undercooked/underprocessed	<input type="checkbox"/> P7 Improper hot holding due to improper procedure or protocol
<input type="checkbox"/> C8 Foods originating from sources shown to be contaminated or polluted (such as a growing field or harvest area)	<input type="checkbox"/> P8 Improper/slow cooling
<input type="checkbox"/> C9 Cross-contamination of ingredients (cross-contamination does not include ill food workers)	<input type="checkbox"/> P9 Prolonged cold storage
<input type="checkbox"/> C10 Bare-hand contact by a food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P10 Inadequate modified atmosphere packaging
<input type="checkbox"/> C11 Glove-hand contact by a food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P11 Inadequate processing (acidification, water activity, fermentation)
<input type="checkbox"/> C12 Other mode of contamination (excluding cross-contamination) by a food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P12 Other situations that promoted or allowed microbial growth or toxic production
<input type="checkbox"/> C13 Foods contaminated by non-food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P-N/A Proliferation/Amplification Factors - Not Applicable
<input type="checkbox"/> C14 Storage in contaminated environment	<input type="checkbox"/> Contributing factors unknown
<input type="checkbox"/> C15 Other source of contamination (e.g., hand washing)	
<input type="checkbox"/> C-N/A Contamination Factors Not Applicable	
Survival Factors (check all that apply)	
<input type="checkbox"/> S1 Insufficient time and/or temperature control during initial cooking/heat processing	<input type="checkbox"/> S4 Insufficient or improper use of chemical processes designed for pathogen destruction
<input type="checkbox"/> S2 Insufficient time and/or temperature during reheating	<input type="checkbox"/> S5 Other process failures that permit pathogen survival
<input type="checkbox"/> S3 Insufficient time/temperature control during freezing	<input type="checkbox"/> S-N/A Survival Factors - Not Applicable
The confirmed or suspected point of contamination (check one)	
<input type="checkbox"/> Before preparation <input type="checkbox"/> Preparation If 'before preparation': <input type="checkbox"/> Pre-harvest <input type="checkbox"/> Processing <input type="checkbox"/> Unknown	
Reason suspected (check all that apply)	
<input type="checkbox"/> Environmental evidence <input type="checkbox"/> Laboratory evidence <input type="checkbox"/> Epidemiologic evidence <input type="checkbox"/> Prior experience makes this a likely source	