



Washington State Department of Health
WATERBORNE ILLNESS INVESTIGATION FORM
PART III – OUTBREAK SUMMARY REPORT

DOH USE ONLY

Return completed form to DOH Epidemiology, 1610 NE 150th St., Shoreline, WA 98155, Fax (206) 418-5515

| Investigation Method (Check all that apply) | | | | | | |
|---|--------------------------------|-----------------------------------|---|--|-------------|---|
| <input type="checkbox"/> Interviews of ill persons (# interviewed_____) | | | <input type="checkbox"/> Investigation at original source (e.g., production facility) | | | |
| <input type="checkbox"/> Interviews of well persons (# interviewed_____) | | | <input type="checkbox"/> Beverage traceback | | | |
| <input type="checkbox"/> Beverage preparation review | | | <input type="checkbox"/> Environmental/beverage/water sample testing | | | |
| <i>Note: If statistical analysis performed, please attach a copy of the results.</i> | | | | | | |
| Dates and Location | | | | | | |
| Date first case became ill: ___/___/___ | | | Date last case became ill: ___/___/___ | | | |
| Date of initial exposure: ___/___/___ | | | Date of last exposure: ___/___/___ | | | |
| County reporting: | | | City/Town/Place of exposure: | | | |
| Primary Cases | | | | | | |
| # Lab-confirmed primary cases | | | | Sex (estimated percent of the primary cases) | | |
| # Probable primary cases | | | | Male | % | |
| # Estimated total primary cases | | | | Female | % | |
| | # Cases | Total # cases with info available | Approximate percent of primary cases in each age group | | | |
| # Died | | | <1 year | % | 20–49 years | % |
| # Hospitalized | | | 1–4 years | % | 50–74 years | % |
| # Visited ER | | | 5–9 years | % | ≥ 75 years | % |
| # Visited HCP | | | 10–19 years | % | Unknown | % |
| Incubation Period (circle appropriate units) | | | Duration of Illness (circle appropriate units) | | | |
| Shortest | | Hr/Days | Shortest | | Hr/Days | |
| Median | | Hr/Days | Median | | Hr/Days | |
| Longest | | Hr/Days | Longest | | Hr/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 and Symptoms | | | | | | |
| | # Cases with signs or symptoms | | Total # cases for whom info available | | | |
| Vomiting | | | | | | |
| Diarrhea | | | | | | |
| Bloody stools | | | | | | |
| Fever | | | | | | |
| Abdominal cramps | | | | | | |
| Rash | | | | | | |
| Secondary Cases | | | | | | |
| # Lab-confirmed secondary cases | | | | Total # of secondary cases | | |
| # Probable secondary cases | | | | | | |
| Total Cases (Primary + Secondary): _____ | | | | | | |
| Etiologic Agent | | | | | | |
| Is the etiologic agent laboratory confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| • If the 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"/> Viral <input type="checkbox"/> Chemical <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ | | | | | | |
| • If the etiologic agent is not laboratory confirmed, were patient specimens collected? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Laboratory Results | | | | | | |
| Genus / Species / Serotype | | Detected in* | | # Lab-confirmed cases | | |
| | | | | | | |

*Detected in (choose all that apply): 1=patient specimen, 2=food specimen, 3=environmental specimen, 4=food worker specimen

COMPLETED BY (print): _____ Agency _____ Phone _____ Date ___/___/___



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WATER-SPECIFIC DATA

| | | |
|--|---------|---------|
| <input type="checkbox"/> Water source undetermined Total # of cases exposed to implicated water _____ | | |
| | Water 1 | Water 2 |
| Name of water source | | |
| Reason(s) source suspected* (enter all that apply) | | |
| Method of processing* (enter all that apply) | | |
| Method of preparation* (enter one) | | |
| Level of preparation* (enter one) | | |

* See page 3 and 4 for list of possible answers – may not apply to most waterborne outbreaks

| If beverage, location where prepared <i>(Check all that apply)</i> | | If beverage, location of exposure (where consumed) <i>(Check all that apply)</i> | |
|--|--|--|--|
| <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 <i>(describe below)</i> | <input type="checkbox"/> Workplace, not cafeteria | <input type="checkbox"/> Other <i>(describe below)</i> |
| <input type="checkbox"/> Workplace cafeteria | <input type="checkbox"/> Unknown | <input type="checkbox"/> Workplace cafeteria | <input type="checkbox"/> Unknown |
| Remarks: | | Remarks: | |

CONTRIBUTING FACTORS IF BEVERAGE – Please note that there have been changes in the contributing factors numbering scheme and consult the current version in attached appendix.

| |
|---|
| <input type="checkbox"/> Contributing factors unknown |
| Contamination Factors related to the outbreak: (Check all that apply for the implicated food, see list below) <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4 <input type="checkbox"/> C5 <input type="checkbox"/> C6 <input type="checkbox"/> C7 <input type="checkbox"/> C8 <input type="checkbox"/> C9 <input type="checkbox"/> C10 <input type="checkbox"/> C11 <input type="checkbox"/> C12 <input type="checkbox"/> C13 <input type="checkbox"/> C14 <input type="checkbox"/> C15 <input type="checkbox"/> C-N/A |
| Proliferation/Amplification Factors related to the outbreak: (Check all that apply for the implicated food, see list below) <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 <input type="checkbox"/> P5 <input type="checkbox"/> P6 <input type="checkbox"/> P7 <input type="checkbox"/> P8 <input type="checkbox"/> P9 <input type="checkbox"/> P10 <input type="checkbox"/> P11 <input type="checkbox"/> P12 <input type="checkbox"/> P-N/A |
| Survival Factors related to the outbreak: (Check all that apply for the implicated, see list below) <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> S5 <input type="checkbox"/> S-N/A |

COMPLETED BY *(print)*: _____ Agency _____ Phone _____ Date ____/____/____



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APPENDIX

Note that many of these categories do not apply to beverages implicated in waterborne outbreaks.

Reason(s) suspected: Choose all that apply.

- 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): Choose all that apply.

- 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): Select only one

- 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: Select only one

- 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)



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Contributing Factors: Choose all that apply.

Contamination Factors:

- C1** – Toxic substance part of the tissue
- C2** – Poisonous substance intentionally/deliberately added
- C3** – Poisonous substance accidentally/inadvertently added
- C4** – Addition of excessive quantities of ingredients that are toxic in large amounts
- C5** – Toxic container
- C6** – Contaminated raw product – food was intended to be consumed after a kill step
- C7** – Contaminated raw product – food was intended to be consumed raw or undercooked/underprocessed
- C8** – Foods originating from sources shown to be contaminated or polluted (such as a growing field or harvest area)
- C9** – Cross-contamination of ingredients (cross-contamination does not include ill food workers)
- C10** – Bare-hand contact by a food handler/worker/preparer who is suspected to be infectious
- C11** – Glove-hand contact by a food handler/worker/preparer who is suspected to be infectious
- C12** – Other mode of contamination (excluding cross-contamination) by a food handler/worker/preparer who is suspected to be infectious
- C13** – Foods contaminated by non-food handler/worker/preparer who is suspected to be infectious
- C14** – Storage in contaminated environment
- C15** – Other source of contamination
- C-N/A** – Contamination Factors - Not Applicable

Proliferation/Amplification Factors:

- P1** – Food preparation practices that support proliferation of pathogens (during food preparation)
- 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)
- P3** – Improper adherence of approved plan to use Time as a Public Health Control
- P4** – Improper cold holding due to malfunctioning refrigeration equipment
- P5** – Improper cold holding due to an improper procedure or protocol
- P6** – Improper hot holding due to malfunctioning equipment
- P7** – Improper hot holding due to improper procedure or protocol
- P8** – Improper/slow cooling
- P9** – Prolonged cold storage
- P10** – Inadequate modified atmosphere packaging
- P11** – Inadequate processing (acidification, water activity, fermentation)
- P12** – Other situations that promoted or allowed microbial growth or toxic production
- P-N/A** – Proliferation/Amplification Factors - Not Applicable

Survival Factors:

- S1** – Insufficient time and/or temperature control during initial cooking/heat processing
- S2** – Insufficient time and/or temperature during reheating
- S3** – Insufficient time and/or temperature control during freezing
- S4** – Insufficient or improper use of chemical processes designed for pathogen destruction
- S5** – Other process failures that permit pathogen survival
- S-N/A** – Survival Factors - Not Applicable