



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

INCUBATION PERIOD (PRIMARY CASES ONLY)

INCUBATION PERIOD (PRIMARY CASES ONLY)		DURATION OF ILLNESS (PRIMARY CASES ONLY)	
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 or whom info available		Total # of cases or whom info available	

Unknown incubation period

Unknown duration of illness

SIGNS OR SYMPTOMS (PRIMARY CASES ONLY)						
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)		
TOTAL CASES (PRIMARY AND 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			
*Detected in (choose all that apply) 1 – patient specimen 2 – food specimen 3 – environment specimen 4 – food worker specimen						
DOH USE ONLY:						
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	