Outbreak Reporting Form – Enteric

DISEASE
☐ Bacterial: ________________________________
☐ Viral: ________________________________
☐ Parasitic: ________________________________
☐ Other: ________________________________
☐ Unknown

PRIMARY MODE OF TRANSMISSION
☐ Food
☐ Animal contact

PLACE OF EXPOSURE (e.g., establishment, facility)
Name: ________________________________
City: ________________________________

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: ___/___/___

PUBLIC HEALTH ACTIONS AND CONTROL MEASURES
☐ Health education information provided to cases and contacts
☐ Cases evaluated for sensitive occupations or situations and excluded during contagious period if necessary
☐ Other: ________________________________

DISCUSSION / CONCLUSION
Briefly summarize the findings of this outbreak investigation.

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

☐ EH Field Investigation Form (Part 2) attached, if relevant  ☐ EH Inspection Reporting Form (Red/Blue Form) attached, if relevant  ☐ Supporting documentation attached, if relevant

INSTRUCTIONS
• Complete the sections above and the CDC National Outbreak Reporting System (NORS), attached or at https://www.cdc.gov/nors/forms.html.
• All diseases: Skip NORS page 2’s second half (Other CDC System IDs through Reporting Agency), except for General Remarks.
• Zoonotic: Skip NORS page 4’s first half and all of pages 5-7.
• Foodborne: Skip NORS page 4 and the final sections on Schools, Ground Beef, and Eggs, unless these were involved in the outbreak.
• Food-related fields and contributing factors: Code descriptions are on page two of this cover sheet.
NORS DEFINITIONS AND CODE DESCRIPTIONS (for Foodborne Transmission)

FOOD SECTION, page 5: FOOD-SPECIFIC CODES

Reason(s) foodborne, but undetermined vehicle

AND

Reason(s) confirmed or suspected:

1 – Epidemiological
2 – Laboratory (e.g., identification of agent in food, restaurant, etc.)
3 – Traceback and/or environmental investigation (e.g., shopper records)
4 – Other data; specify in General Remarks

Method of processing (Prior to point-of-service: Processor):

P1 – Pasteurized (e.g., liquid milk, cheese, and juice)
P2 – Unpasteurized (e.g., liquid milk, cheese, and juice)
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)
P10 – Pressure treated (e.g., oysters)
P11 – Unknown
P12 – Other
P13 – None

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)
R3 – Ready to eat food: Manual preparation (e.g., cutting, chopping), No cook step (e.g., fresh vegetables, cut fresh fruits, chicken salad made from canned chicken, reconstituted juice)
R4 – Cook and Serve Foods: Immediate service (e.g., soft-cooked eggs, hamburgers)
R5 – Cook and hot hold prior to service (e.g., fried chicken, soups, hot vegetables, hot dogs, mashed potatoes)
R6 – Advance preparation: Cook, cool, serve (e.g., sliced roast beef from a whole cooked roast)
R7 – Advance preparation: Cook, cool, reheat, serve (e.g., lasagna, casseroles, soups, gravies, sauces, chili)
R8 – Advance preparation: Cook, cool, reheat, hot hold, serve (e.g., chili, refried beans)
R9 – Advance preparation: Cook-chill and Reduced Oxygen Packaging (ROP) (e.g., sauces, gravies, cheeses, etc. packaged under ROP)
R10 – 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, page 6

Contamination factors

C1 Toxic substance part of tissue
C2 Poisonous substance intentionally/deliberately added
C3 Poisonous or physical 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 (e.g., hand washing)
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/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
# 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.

## 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

<table>
<thead>
<tr>
<th>Lab-confirmed primary cases</th>
<th>Probable primary cases</th>
<th>Estimated total primary cases</th>
<th>Sex (Number or percent of the primary cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>#</td>
<td>#</td>
<td>Male # %</td>
</tr>
<tr>
<td>#</td>
<td>#</td>
<td>#</td>
<td>Female # %</td>
</tr>
<tr>
<td>#</td>
<td>#</td>
<td>#</td>
<td>Unknown # %</td>
</tr>
</tbody>
</table>

#### Primary case outcomes

<table>
<thead>
<tr>
<th>Died</th>
<th>Hospitalized</th>
<th>Visited Emergency Room</th>
<th>Visited health care provider (excluding ER visits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
</tr>
</tbody>
</table>

#### Age (Number or percent of the primary cases)

<table>
<thead>
<tr>
<th>Died</th>
<th>Hospitalized</th>
<th>Visited Emergency Room</th>
<th>Visited health care provider (excluding ER visits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>&lt;1 year</th>
<th>1–4 years</th>
<th>5–9 years</th>
<th>10–19 years</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20–49 years</th>
<th>≥ 75 years</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>#</td>
<td>#</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### General

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

<table>
<thead>
<tr>
<th>Incubation Period (Select appropriate units)</th>
<th>Duration of Illness (Among recovered cases-select appropriate units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shortest Min, Hours, Days</td>
<td>Shortest Min, Hours, Days</td>
</tr>
<tr>
<td>Median Min, Hours, Days</td>
<td>Median Min, Hours, Days</td>
</tr>
<tr>
<td>Longest Min, Hours, Days</td>
<td>Longest Min, Hours, Days</td>
</tr>
</tbody>
</table>

- Total # of cases for whom info is available
- Unknown incubation period
- Unknown duration of illness

#### Signs or Symptoms

*Refer to terms from appendix E, if appropriate, to describe other common characteristics of cases.*

<table>
<thead>
<tr>
<th>Sign or symptom</th>
<th># cases with signs or symptoms</th>
<th>Total # cases for whom info is available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vomiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bloody stools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal cramps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Secondary Cases

<table>
<thead>
<tr>
<th>Mode of secondary transmission (Check all that apply)</th>
<th>Number of secondary cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Food</td>
<td>Lab-confirmed secondary cases #</td>
</tr>
<tr>
<td>□ Water</td>
<td>Probable secondary cases #</td>
</tr>
<tr>
<td>□ Animal contact</td>
<td>Estimated total secondary cases #</td>
</tr>
<tr>
<td>□ Person-to-person</td>
<td>Estimated total cases (Primary + Secondary) #</td>
</tr>
<tr>
<td>□ Environmental contamination other than food/water</td>
<td></td>
</tr>
<tr>
<td>□ Other/unknown</td>
<td></td>
</tr>
</tbody>
</table>

#### 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

<table>
<thead>
<tr>
<th>Source name (if publicly available)</th>
<th>Source type (e.g., poultry farm, tomato processing plant, bottled water factory)</th>
<th>Location of source</th>
<th>Traceback comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>State</td>
<td>Country</td>
</tr>
</tbody>
</table>

#### Recall

- Please check if any food or bottled water product was recalled

<table>
<thead>
<tr>
<th>Type of item recalled:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

#### 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 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?

<table>
<thead>
<tr>
<th>Type of sample</th>
<th>Tested? (yes/no/unknown)</th>
<th>Number of samples tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human specimen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Animal specimen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other environmental</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

#### Etiology

(Include the bacterium, chemical/toxin, virus, or parasite. If available, include the serotype and other characteristics such as phage type, virulence factors, and metabolic profile.)

<table>
<thead>
<tr>
<th>Genus</th>
<th>Species</th>
<th>Serotype/genotype</th>
<th>Other characteristics</th>
<th>Etiology confirmed or suspected</th>
<th># of lab-confirmed cases</th>
<th>Detected in^ *</th>
</tr>
</thead>
</table>

*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.)

<table>
<thead>
<tr>
<th>CDC system</th>
<th>State lab ID/Accession ID/CaliciNet key/PulseNet Key</th>
<th>CDC PulseNet cluster code or CaliciNet outbreak number</th>
<th>CDC PulseNet pattern designation for enzyme 1</th>
<th>CDC PulseNet pattern designation for enzyme 2</th>
<th>CaliciNet sequenced region/whole genome sequencing ID</th>
<th>CaliciNet genotype/other molecular designation</th>
</tr>
</thead>
</table>

*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.*
Animal Contact

Settings Animal Contact

2. Setting Animal Contact

Reason(s) confirmed or suspected
Confirmed or suspected vehicle

Animal Type
Animal Type
Animal 1 2 3
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 Type
Animal Type
Animal Type
Animal Type

Animal Contact Remarks (If “Other” was chosen, specify here):

Animal Type (select from list in appendix E)

Animal Type (specify*)

Reason(s) confirmed or suspected

(enter all that apply from list in appendix E):

1. Settings of exposure (check all that apply)

□ Agricultural feed store

□ Animal shelter or sanctuary

□ Camp

□ Child day care

□ Farm/dairy

□ Festival or fair

□ Hospital

□ Laboratory

□ Live animal market

□ Long-term care/nursing home/assisted living facility

□ Pet store or other retail location

□ Petting zoo

□ Prison/jail

□ Private home/residence

□ School/college/university

□ Veterinary clinic

□ Zoo or animal exhibit

□ Other (specify*)

□ Unknown

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

4. Was the “Compendium of Measures to Prevent Disease Associated with Animals in Public Settings” used in the investigation? □ Yes □ No □ Unknown

5. What prevention measures or recommendations were used to stop the outbreak and prevent additional infections? (check all that apply)

□ Handwashing

□ Quarantine/stop movement

□ Venue or event closure

□ Removal of animals from setting

□ None

□ Other (specify*)

□ Unknown

□ Other (specify*)

□ Unknown

□ Other (specify*)

□ Unknown

□ Other (specify*)

□ Unknown
### 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):

<table>
<thead>
<tr>
<th>Food</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of food (excluding any preparation)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmed or suspected vehicle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason(s) confirmed or suspected (enter all that apply from list in appendix E)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ingredient(s) (enter all that apply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contaminated ingredient(s) (enter all that apply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total # of cases exposed to implicated food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method of processing (enter all that apply from list in appendix E)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method of preparation (select one from list in appendix E)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of preparation (select one from list in appendix E)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contaminated food imported to US?</td>
<td>Yes, country</td>
<td>Yes, country</td>
<td>Yes, country</td>
</tr>
<tr>
<td></td>
<td>Yes, unknown</td>
<td>Yes, unknown</td>
<td>Yes, unknown</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Was product both produced under domestic regulatory oversight and sold?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

### Location where food was prepared (check all that apply)

- Banquet facility (food prepared and served on-site)
- Camp
- Caterer (food prepared off-site from where served)
- Child day care
- Fair, festival, other temporary or mobile services
- Farm/dairy
- Grocery store
- Hospital
- Hotel/motel
- Long-term care/nursing home/assisted living facility
- Office/indoor workplace
- Other (specify in ‘where prepared remarks’)

### Location of exposure (where food was eaten) (check all that apply)

- Banquet facility (food prepared and served on-site)
- Other healthcare facility
- Prison/jail
- Private home/residence
- Caterer (food prepared off-site from where served)
- Child day care
- Religious facility
- Restaurant – Buffet
- Farm/dairy
- Restaurant – Other or unknown type
- Hospital
- Restaurant – Sit-down dining
- School/college/university
- Ship/boat
- Office/indoor workplace
- Unknown
- Other (specify in ‘where eaten remarks’)

### Was there a kitchen manager certified in food safety at the location of preparation? (select one from list in appendix E)

- Yes
- No
- Unknown

### Where prepared remarks:

### Where eaten remarks:

### Was there a kitchen manager certified in food safety at the location of preparation?
### 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
- 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

*If multiple schools are involved, please answer for the school with the most cases.
### 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

1. Were eggs *(check all that apply)*
   - In shell, unpasteurized
   - In shell, pasteurized
   - Packaged liquid or dry
   - Stored with inadequate refrigeration during or after sale
   - Consumed raw
   - Consumed undercooked
   - Pooled

2. Was *Salmonella* Enteritidis found on the farm?
   - Yes
   - No
   - Unknown

   Egg comment *(e.g., eggs and patients isolates matched by phage type)*:

---

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-->