

E. INVESTIGATION OF A FOODBORNE OUTBREAK

<p>1. Where did the outbreak occur? State _____ (1,2) City or Town _____ County _____</p>	<p>2. Date of outbreak: (Date of onset 1st case) _____ (3-8)</p>
<p>3. Indicate actual (a) or estimated (e) numbers: Persons exposed _____ (9-11) Persons ill _____ (12-14) Hospitalized _____ (15-16) Fatal cases _____ (17)</p>	<p>4. History of Exposed Persons: No. histories obtained _____ (18-20) No. persons with symptoms _____ (21-23) Nausea _____ (24-26) Diarrhea _____ (33-35) Vomiting _____ (27-29) Fever _____ (36-38) Cramps _____ (30-32) Other, specify _____ (39)</p>
<p>5. Incubation period (hours): Shortest _____ (40-42) Longest _____ (43-45) Approx. for majority _____ (46-48)</p>	
<p>6. Duration of Illness (hours): Shortest _____ (49-51) Longest _____ (52-54) Approx. for majority _____ (55-57)</p>	

7. Food-specific attack rates: (58)

Food Items Served	Number of persons who ATE specified food				Number who did NOT eat specified food			
	Ill	Not Ill	Total	Percent Ill	Ill	Not Ill	Total	Percent Ill

8. Vehicle responsible (food item incriminated by epidemiological evidence): (59,60) _____

<p>9. Manner in which incriminated food was marketed: (Check all applicable)</p> <p>(a) Food Industry (61) Raw _____ <input type="checkbox"/> 1 Processed _____ <input type="checkbox"/> 2 Home Produced Raw _____ <input type="checkbox"/> 3 Processed _____ <input type="checkbox"/> 4</p> <p>(b) Vending Machine _____ <input type="checkbox"/> 1 (62)</p> <p>(c) Not wrapped _____ <input type="checkbox"/> 1 (63) Ordinary Wrapping _____ <input type="checkbox"/> 2 Canned _____ <input type="checkbox"/> 3 Canned-Vacuum Sealed _____ <input type="checkbox"/> 4 Other (specify) _____ <input type="checkbox"/> 5</p> <p>(d) Room Temperature _____ <input type="checkbox"/> 1 (64) Refrigerated _____ <input type="checkbox"/> 2 Frozen _____ <input type="checkbox"/> 3 Heated _____ <input type="checkbox"/> 4</p> <p>If a commercial product, indicate brand name and lot number _____</p>	<p>10. Place of Preparation of Contaminated Item: (65)</p> <p>Restaurant _____ <input type="checkbox"/> 1 Delicatessen _____ <input type="checkbox"/> 2 Cafeteria _____ <input type="checkbox"/> 3 Private Home _____ <input type="checkbox"/> 4 Caterer _____ <input type="checkbox"/> 5 Institution: School _____ <input type="checkbox"/> 6 Church _____ <input type="checkbox"/> 7 Camp _____ <input type="checkbox"/> 8 Other, specify _____ <input type="checkbox"/> 9</p>	<p>11. Place where eaten: (66)</p> <p>Restaurant _____ <input type="checkbox"/> 1 Delicatessen _____ <input type="checkbox"/> 2 Cafeteria _____ <input type="checkbox"/> 3 Private Home _____ <input type="checkbox"/> 4 Picnic _____ <input type="checkbox"/> 5 Institution: School _____ <input type="checkbox"/> 6 Church _____ <input type="checkbox"/> 7 Camp _____ <input type="checkbox"/> 8 Other, specify _____ <input type="checkbox"/> 9</p>
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