

INVESTIGATION OF A WATERBORNE OUTBREAK

1. Name and address of school
 Name: _____ City or Town: _____ County: _____
 State: _____ Zip: _____

2. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

3. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

4. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

5. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

6. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

7. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

8. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

9. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

10. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

11. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

12. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

13. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

14. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

15. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

16. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

17. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

18. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

19. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

20. Description of outbreak of illness
 Onset: _____ No. of cases: _____
 Duration: _____ No. of cases by sex: _____
 Age: _____ No. of cases by age: _____
 Sex: _____ No. of cases by sex and age: _____

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
 PUBLIC HEALTH SERVICE
 FEDERAL BUREAU OF INVESTIGATION
 CENTER FOR DISEASE CONTROL AND PREVENTION
 WASHINGTON, D.C. 20512

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The [CDC Healthy Water](http://www.cdc.gov/healthywater) website is the most current source of information on safe water, waterborne diseases, best practices and all other water-related information. It should be consulted first at: <http://www.cdc.gov/healthywater/>

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INVESTIGATION OF A FOODBORNE OUTBREAK

| | | |
|--|---|--|
| 1. Where did the outbreak occur? State _____ (1,2) City or Town _____ County _____ | | 2. Date of outbreak: (Date of onset 1st case) _____ (3-8) |
| 3. Indicate actual (a) or estimated (c) numbers: Persons exposed _____ (9-11) Persons ill _____ (12-14) Hospitalized _____ (15-16) Fatal cases _____ (17) | 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) | 5. Incubation period (hours): Shortest _____ (40-42) Longest _____ (43) Approx. for majority _____ (46) 6. Duration of illness (hours): Shortest _____ (49-51) Longest _____ (52) Approx. for majority _____ (55) |

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

9. Manner in which incriminated food was marketed: (Check all applicable)

- | | |
|--|--|
| (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 | (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 (d) Room Temperature <input type="checkbox"/> 1 (64) Refrigerated <input type="checkbox"/> 2 Frozen <input type="checkbox"/> 3 Heated <input type="checkbox"/> 4 |
|--|--|

If a commercial product, indicate brand name and lot number

10. Place of Preparation of Contaminated Item: (65)

- Restaurant 1
- Delicatessen 2
- Cafeteria 3
- Private Home 4
- Caterer 5
- Institution:
- School 6
- Church 7
- Camp 8
- Other, specify 9

11. Place where eaten. (66)

- Restaurant 1
- Delicatessen 2
- Cafeteria 3
- Private Home 4
- Picnic 5
- Institution:
- School 6
- Church 7
- Camp 8
- Other, specify 9

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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 Health Services and Mental Health Administration
 CENTER FOR DISEASE CONTROL
 EPIDEMIOLOGY PROGRAM
 ATLANTA, GEORGIA 30333

12. Food specimens examined: (67)

Specify by "X" whether food examined was original (eaten at time of outbreak) or check-up (prepared in similar manner but not involved in outbreak)

| Item | Orig. | Check up | Findings | |
|---------------|-------|----------|-------------------------------|-----------------------|
| | | | Qualitative | Quantitative |
| Example: beef | X | | C. perfringens, Hobbs type 10 | 2X10 ⁶ /gm |
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13. Environmental specimens examined: (68)

| Item | Findings |
|-----------------------|-------------------------------|
| Example: meat grinder | C. perfringens, Hobbs Type 10 |
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14. Specimens from patients examined (stool, vomitus, etc.): (69)

| Item | No. Persons | Findings |
|----------------|-------------|-------------------------------|
| Example: stool | 11 | C. perfringens, Hobbs Type 10 |
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15. Specimens from food handlers (stool, lesions, etc.): (70)

| Item | Findings |
|-----------------|-------------------------------|
| Example: lesion | C. perfringens, Hobbs type 10 |
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16. Factors contributing to outbreak (check all applicable):

- | | Yes | No |
|---|----------------------------|---------------------------------|
| 1. Improper storage or holding temperature | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 (71) |
| 2. Inadequate cooking | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 (72) |
| 3. Contaminated equipment or working surfaces | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 (73) |
| 4. Food obtained from unsafe source | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 (74) |
| 5. Poor personal hygiene of food handler | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 (75) |
| 6. Other, specify | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 (76) |

17. Etiology: (77, 78)

- | | | |
|----------------|-----------------|---------------------------------|
| Pathogen | Suspected | <input type="checkbox"/> 1 (79) |
| Chemical | Confirmed | <input type="checkbox"/> 2 |
| Other | Unknown | <input type="checkbox"/> 3 |

18. Remarks: Briefly describe aspects of the investigation not covered above, such as unusual age or sex distribution; unusual circumstances leading to contamination of food, water; epidemic curve; etc. (Attach additional page if necessary)

Name of reporting agency: (80) _____

Investigating official: _____

Date of investigation: _____

NOTE: Epidemic and Laboratory Assistance for the investigation of a foodborne outbreak is available upon request by the State Health Department to the Center for Disease Control, Atlanta, Georgia 30333.

To improve national surveillance, please send a copy of this report to:

Center for Disease Control
 Attn: Enteric Diseases Section, Bacterial Diseases Branch, EP
 Atlanta, Georgia 30333

Submitted copies should include as much information as possible, but the completion of every item is not required.