## General

**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

<table>
<thead>
<tr>
<th>Primary Mode of Transmission</th>
<th>Investigation Methods</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food (complete General, Etiology, and Food tabs)</td>
<td>Interviews only of ill persons</td>
<td>G5</td>
</tr>
<tr>
<td>Water (complete CDC 52.12)</td>
<td>Case-control study</td>
<td></td>
</tr>
<tr>
<td>Animal contact (complete General, Etiology, and Animal Contact tabs)</td>
<td>Cohort study</td>
<td></td>
</tr>
<tr>
<td>Person-to-person (complete General, Etiology, and Settings tabs)</td>
<td>Food preparation review</td>
<td></td>
</tr>
<tr>
<td>Environmental contamination other than food/water (complete General, Etiology, and Settings tabs)</td>
<td>Water system assessment: Drinking water</td>
<td></td>
</tr>
<tr>
<td>Other/Unknown (complete General, Etiology, and Settings tabs)</td>
<td>Water system assessment: Nonpotable water</td>
<td></td>
</tr>
</tbody>
</table>

### Dates (mm/dd/yyyy)

- Date first case became ill (required)
- Date of initial exposure
- Date of report to CDC (other than this form)
- Date of notification to State/Territory or Local/Tribal Health Authorities
- Date last case became ill
- Date of last exposure

### 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:

### Primary Cases

<table>
<thead>
<tr>
<th>Number of primary cases</th>
<th>Sex (Number or percent of the primary cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab-confirmed primary cases</td>
<td>Male G33 #</td>
</tr>
<tr>
<td>Probable primary cases</td>
<td>Female G35 #</td>
</tr>
<tr>
<td>Estimated total primary cases</td>
<td>Unknown G37 #</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary case outcomes</th>
<th># Cases Total # of cases for whom info is available</th>
<th>Age (Number or percent of the primary cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Died</td>
<td>G25 #</td>
<td>G26 #</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>G27 #</td>
<td>G28 #</td>
</tr>
<tr>
<td>Visited Emergency Room</td>
<td>G29 #</td>
<td>G30 #</td>
</tr>
<tr>
<td>Visited health care provider (excluding ER visits)</td>
<td>G31 #</td>
<td>G32 #</td>
</tr>
</tbody>
</table>
## General

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

<table>
<thead>
<tr>
<th>Incubation Period</th>
<th>Duration of Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Select appropriate units)</td>
<td>(Among recovered cases—select appropriate units)</td>
</tr>
<tr>
<td>Shortest:</td>
<td>G55 Min, G56 Days</td>
</tr>
<tr>
<td>Median:</td>
<td>G57 Min, G58 Days</td>
</tr>
<tr>
<td>Longest:</td>
<td>G59 Min, G60 Days</td>
</tr>
</tbody>
</table>

### 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>G71</td>
<td>G72</td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td>G73</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>
</tbody>
</table>

### Secondary Cases

#### Mode of secondary transmission (Check all that apply)

- Food  
- Water  
- Animal contact  
- Person-to-person  
- Environmental contamination other than food/water  
- Other/unknown

#### Number of secondary cases

- Lab-confirmed secondary cases: G75
- Probable secondary cases: G76
- Estimated total secondary cases: G77
- Estimated total cases (Primary + Secondary): G78

### Other CDC System IDs (If applicable)

- NEARS ID: G79, G80, G81, G82
- OHHABS ID: G83, G84

### Traceback (For food and bottled water only, not public water)

- Source name (if publicly available): G86
- Source type: G87
- Location of source: G88
- State: G89
- Country: G90
- Traceback comments: G91

### Recall

- Type of item recalled: G92
- Comments: G93

### Reporting Agency

- Reporting site: G94
- Agency name: G95
- Contact name: G96
- Contact title: G97
- E-mail: G98
- Phone #: G99
- Fax #: G100

### 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).

G101
### Etiology

#### 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>GL2</td>
<td>GL3</td>
</tr>
<tr>
<td>Animal specimen</td>
<td>GL4</td>
<td>GL5</td>
</tr>
<tr>
<td>Food</td>
<td>GL6</td>
<td>GL7</td>
</tr>
<tr>
<td>Water</td>
<td>GL8</td>
<td>GL9</td>
</tr>
<tr>
<td>Other environmental (specify in general remarks)</td>
<td>GL10</td>
<td>GL11</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?  □ CL Lab □ Public Health Lab □ CDC-NARMS □ Unknown

   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


### Etiology

(Provide 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>
<tbody>
<tr>
<td>GL33</td>
<td>GL34</td>
<td>GL35</td>
<td>GL36</td>
<td>GL37</td>
<td>GL38</td>
<td>GL39</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GL40</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GL41</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GL42</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GL43</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GL44</td>
</tr>
</tbody>
</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>
<tbody>
<tr>
<td>GL45</td>
<td>GL46</td>
<td>GL47</td>
<td>GL48</td>
<td>GL49</td>
<td>GL50</td>
<td>GL51</td>
</tr>
</tbody>
</table>
### Settings Section – complete for person-to-person, environmental contamination, and other/unknown primary mode of transmission

<table>
<thead>
<tr>
<th>Major Setting of Exposure (choose one)</th>
<th>Animal Contact Section – complete for animal contact primary mode of transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Camp</td>
<td>□ Hospital</td>
</tr>
<tr>
<td>□ Child day care</td>
<td>□ Hotel/motel</td>
</tr>
<tr>
<td>□ Event space</td>
<td>□ Long-term care/nursing home/assisted living facility</td>
</tr>
<tr>
<td>□ Festival/fair</td>
<td>□ Office/indoor workplace</td>
</tr>
<tr>
<td></td>
<td>□ Private home/residence</td>
</tr>
<tr>
<td></td>
<td>□ Other healthcare facility</td>
</tr>
<tr>
<td></td>
<td>□ Religious facility</td>
</tr>
<tr>
<td></td>
<td>□ Restaurant</td>
</tr>
<tr>
<td></td>
<td>□ School/college/university</td>
</tr>
<tr>
<td></td>
<td>□ Prison/jail</td>
</tr>
<tr>
<td></td>
<td>□ Shelter/group home/transitional housing</td>
</tr>
<tr>
<td></td>
<td>□ Ship/boat</td>
</tr>
</tbody>
</table>

Specify setting: S1, S2

### Attack Rates for Major Setting of Exposure

<table>
<thead>
<tr>
<th>Group (based on setting)</th>
<th>Estimated exposed in major setting</th>
<th>Estimated ill in major setting</th>
<th>Crude attack rate [(estimated ill / estimated exposed) x 100]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents, guests, passengers, patients, etc.</td>
<td>S3</td>
<td>S5</td>
<td>S7</td>
</tr>
<tr>
<td>Staff, crew, etc.</td>
<td>S4</td>
<td>S6</td>
<td>S8</td>
</tr>
</tbody>
</table>

*e.g., number of persons on ship, number of residents in nursing home or affected ward

### Additional Shigella Questions (Complete this section for Shigella outbreaks)

1. Did any case-patients report travel prior to illness onset? □ Yes □ No □ Unknown

   If yes, was travel international, domestic, or both? □ International □ Domestic □ Both □ Unknown

2. Were any confirmed, suspected, or probable case-patients immunocompromised (e.g., HIV/AIDS)? □ Yes □ No □ Unknown

3. Were there any confirmed, suspected, or probable cases among men who have sex with men? □ Yes □ No □ Unknown

### Animal Contact Section – complete for animal contact primary mode of transmission

<table>
<thead>
<tr>
<th>Animal vehicle undetermined</th>
<th>Animal Type (select from list in appendix E)</th>
<th>Animal Type (specify)</th>
<th>Confirmed or suspected vehicle</th>
<th>Reason(s) animal contact, but undetermined vehicle (enter all that apply from list in appendix E):</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>A6</td>
<td>A7</td>
<td>A8</td>
<td>A9, A10, A11, A12</td>
</tr>
</tbody>
</table>

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

Animal contact remarks (*If “Other” was chosen, specify here):

A19
<table>
<thead>
<tr>
<th>Food Section – complete for foodborne primary mode of transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Food vehicle undetermined Reason(s) foodborne, but undetermined vehicle (enter all that apply from list in appendix E):</td>
</tr>
<tr>
<td>Food Section – complete for foodborne primary mode of transmission</td>
</tr>
<tr>
<td>☐ Food vehicle undetermined Reason(s) foodborne, but undetermined vehicle (enter all that apply from list in appendix E):</td>
</tr>
<tr>
<td>Name of food (excluding any preparation)</td>
</tr>
<tr>
<td>Confirmed or suspected vehicle</td>
</tr>
<tr>
<td>Reason(s) confirmed or suspected (enter all that apply from list in appendix E)</td>
</tr>
<tr>
<td>Ingredient(s) (enter all that apply)</td>
</tr>
<tr>
<td>Contaminated ingredient(s) (enter all that apply)</td>
</tr>
<tr>
<td>Total # of cases exposed to implicated food</td>
</tr>
<tr>
<td>Method of processing (enter all that apply from list in appendix E)</td>
</tr>
<tr>
<td>Method of preparation (select one from list in appendix E)</td>
</tr>
<tr>
<td>Level of preparation (select one from list in appendix E)</td>
</tr>
<tr>
<td>Contaminated food imported to US? Yes, country _____________ Yes, unknown No Unknown</td>
</tr>
<tr>
<td>Was product both produced under domestic regulatory oversight and sold? Yes Yes, unknown No Unknown</td>
</tr>
<tr>
<td>Location where food was prepared (check all that apply)</td>
</tr>
<tr>
<td>Location of exposure (where food was eaten) (check all that apply)</td>
</tr>
<tr>
<td>☐ Banquet facility (food prepared and served on-site) ☐ Other healthcare facility ☐ Banquet facility (food prepared and served on-site) ☐ Other healthcare facility</td>
</tr>
<tr>
<td>☐ Camp ☐ Prison/jail ☐ Camp ☐ Prison/jail</td>
</tr>
<tr>
<td>☐ Caterer (food prepared off-site from where served) ☐ Private home/residence ☐ Caterer (food prepared off-site from where served) ☐ Private home/residence</td>
</tr>
<tr>
<td>☐ Child day care ☐ Religious facility ☐ Child day care ☐ Religious facility</td>
</tr>
<tr>
<td>☐ Fair, festival, other temporary or mobile services ☐ Restaurant- Buffet ☐ Fair, festival, other temporary or mobile services ☐ Restaurant – Buffet</td>
</tr>
<tr>
<td>☐ Farm/dairy ☐ Restaurant – ‘Fast-food’ (drive up service or pay at counter) ☐ Farm/dairy ☐ Restaurant – ‘Fast-food’ (drive up service or pay at counter)</td>
</tr>
<tr>
<td>☐ Grocery store ☐ Restaurant – Other or unknown type ☐ Grocery store ☐ Restaurant – Other or unknown type</td>
</tr>
<tr>
<td>☐ Hospital ☐ Restaurant – Sit-down dining ☐ Hospital ☐ Restaurant – Sit-down dining</td>
</tr>
<tr>
<td>☐ Hotel/motel ☐ School/college/university ☐ Hotel/motel ☐ School/college/university</td>
</tr>
<tr>
<td>☐ Long-term care/nursing home/assisted living facility ☐ Ship/boat ☐ Long-term care/nursing home/assisted living facility ☐ Ship/boat</td>
</tr>
<tr>
<td>☐ Office/indoor workplace ☐ Unknown ☐ Office/indoor workplace ☐ Unknown</td>
</tr>
<tr>
<td>☐ Other (specify in ‘where prepared remarks’) ☐ Other (specify in ‘where eaten remarks’)</td>
</tr>
<tr>
<td>Where prepared remarks:</td>
</tr>
<tr>
<td>Where eaten remarks:</td>
</tr>
<tr>
<td>Was there a kitchen manager certified in food safety at the location of preparation? Yes No Unknown</td>
</tr>
<tr>
<td>CDC 52.13 Rev. 3 2017 National Outbreak Reporting System CS26092-B 5</td>
</tr>
</tbody>
</table>
### 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

### 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

### School Questions

**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)**
- Total approximate enrollment: __________ (number of students)
- Grade level(s)
  - Grade school (grades K-12)
  - College/University/Technical school
- 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

**5. Does the school have a HACCP plan in place for the school feeding program?**
- Yes
- No
- Unknown or undetermined

**6. Was implicated food item provided to the school through the National School Lunch/Breakfast Program?**
- Yes
- No
- Unknown or undetermined
### 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-->