

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.**

CDC USE ONLY

CDC ID

G1

State ID

G2

Form Approved
OMB No. 0920-0004

General Section – complete for all modes of transmission except water

Primary Mode of Transmission (Check one)

☐ Food (complete General, Etiology, and Food tabs)

G3

☒ 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

G4

☐ 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

G5

Dates (mm/dd/yyyy)

Date first case became ill (required)

G6

Date last case became ill

G7

Date of initial exposure

G8

Date of last exposure

G9

Date of report to CDC (other than this form)

G10

Date of notification to State/Territory or Local/Tribal Health Authorities

G11

Geographic Location

Exposure state:

G12

☐ Exposure occurred in multiple states

G13

☐ Exposure occurred in a single state, but cases resided in another state or multiple states

G14

Other states:

G15

G16

(For multistate exposure or multistate residency outbreaks, enter the case count for each state)

Exposure county:

G17

☐ Exposure occurred in multiple counties in exposure state

G18

☐ Exposure occurred in a single county, but cases resided in another county or multiple counties

G19

Other counties:

G20

G21

City/Town/Place of exposure:

(Do not include proprietary or private facility names)

Primary Cases

Number of primary cases

Lab-confirmed primary cases

G22

#

Sex (Number or percent of the primary cases)

Male

G33

#

G34

%

Probable primary cases

G23

#

Female

G35

#

G36

%

Estimated total primary cases

G24

#

Unknown

G37

#

G38

%

Primary case outcomes

Cases

Total # of cases
for whom info is
available

Age (Number or percent of the primary cases)

Died

G25

#

G26

#

<1 year

G39

#

G40

%

20–49 years

G47

#

G48

%

Hospitalized

G27

#

G28

#

1–4 years

G41

#

G42

%

50–74 years

G49

#

G50

%

Visited Emergency Room

G29

#

G30

#

5–9 years

G43

#

G44

%

≥ 75 years

G51

#

G52

%

Visited health care provider
(excluding ER visits)

G31

#

G32

#

10–19 years

G45

#

G46

%

Unknown

G53

#

G54

%

General

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

Incubation Period <i>(Select appropriate units)</i>				Duration of Illness <i>(Among recovered cases-select appropriate units)</i>			
Shortest	G55	Min,	G56 Days	Shortest	G63	Min,	G64 Days
Median	G57	Min,	G58 Days	Median	G65	Min,	G66 Days
Longest	G59	Min,	G60 Days	Longest	G67	Min,	G68 Days
Total # of cases for whom info is available				Total # of cases for whom info is available			
<input type="checkbox"/> Unknown incubation period G62				<input type="checkbox"/> Unknown duration of illness G70			

Signs or Symptoms (*Refer to terms from appendix E, if appropriate, to describe other common characteristics of cases.)

Sign or symptom	# cases with signs or symptoms	Total # cases for whom info is available
Vomiting		
Diarrhea G71	G72	G73
Bloody stools		
Fever		
Abdominal cramps		
HUS		
*		
*		
*		
*		

Secondary Cases

Mode of secondary transmission <i>(Check all that apply)</i>	Number of secondary cases	
<input type="checkbox"/> Food G74 <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"/> Other/unknown	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: 1) G79 2) G80 3) G81 4) G82

OHHABS ID: 1) G83 2) G84

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

☐ Please check if traceback conducted G85

Source name <i>(if publicly available)</i>	Source type <i>(e.g., poultry farm, tomato processing plant, bottled water factory)</i>	Location of source		Traceback comments
		State	Country	
G86	G87	G88	G89	G90

Recall

☐ Please check if any food or bottled water product was recalled G91

Type of item recalled: G92

Comments: G93

Reporting Agency

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

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) GL1

2. How many samples of each type were tested?

Type of sample	Tested? (yes/no/unknown)	Number of samples tested
Human specimen	GL2	GL3
Animal specimen	GL4	GL5
Food	GL6	GL7
Water	GL8	GL9
Other environmental (specify in general remarks)	GL10	GL11

3. What were they tested for? (check all that apply)

- ☐ Bacteria (or bacterial toxins) GL12
☐ Viruses GL13
☐ Parasites GL14
☐ Chemicals/Toxins GL15
☐ Unknown GL16

4. Test types (select all test types used for clinical specimens)

- ☐ Chemical testing GL17
☐ Culture GL18
☐ DNA or RNA Amplification/Detection (e.g., PCR, RT-PCR) GL19
☐ Microscopy (e.g., Fluorescent, EM) GL20
☐ Serological/immunological test (e.g., EIA, ELISA) GL21
☐ Tissue culture infectivity assay GL22
☐ Other (specify in general remarks) GL23
☐ Unknown GL24

5. Was antimicrobial susceptibility testing (AST) performed? ☐ Yes ☐ No ☐ Unknown GL25
 If yes, where was AST performed? ☐ Clinical GL26 ☐ Public lab GL27 ☐ CD GL28 ☐ Other GL29 ☐ Unknown GL30
 Were any antimicrobial resistant isolates associated with the outbreak? ☐ Yes GL31 ☐ No ☐ Unknown

6. Is there at least one confirmed* or suspected outbreak etiology(s)? ☐ Yes ☐ No (unknown etiology) If no, skip to next section GL32

*See http://www.cdc.gov/foodsafety/outbreaks/investigating-outbreaks/confirming_diagnosis.html

Etiology (Name the bacterium, chemical/toxin, virus, or parasite. If available, include the serotype and other characteristics such as phage type, virulence factors, and metabolic profile.)						
Genus	Species	Serotype/genotype	Other characteristics	Etiology confirmed or suspected	# of lab-confirmed cases	Detected in~
GL33	GL34	GL35	GL36	GL37	GL38	GL39 GL40
						GL41 GL42
						GL43 GL44

~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.)

CDC system	State lab ID/Accession ID/CaliciNet key/PulseNet Key	CDC PulseNet cluster code or CaliciNet outbreak number	CDC PulseNet pattern designation for enzyme 1	CDC PulseNet pattern designation for enzyme 2	CaliciNet sequenced region/whole genome sequencing ID	CaliciNet genotype/other molecular designation
GL45	GL46	GL47	GL48	GL49	GL50	GL51

Settings		Animal Contact	
Settings Section – complete for person-to-person, environmental contamination, and other/unknown primary mode of transmission			
Major Setting of Exposure (choose one)			
<input type="checkbox"/> Camp <input type="checkbox"/> Child day care <input type="checkbox"/> Event space <input type="checkbox"/> Festival/fair	<input type="checkbox"/> Hospital <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Long-term care/nursing home/assisted living facility	<input type="checkbox"/> Office/indoor workplace <input type="checkbox"/> Other healthcare facility <input type="checkbox"/> Other (specify) <input type="checkbox"/> Prison/jail	<input type="checkbox"/> Private home/residence <input type="checkbox"/> Religious facility <input type="checkbox"/> Restaurant <input type="checkbox"/> School/college/university
<input type="checkbox"/> Shelter/group home/transitional housing <input type="checkbox"/> Ship/boat <input type="checkbox"/> Unknown			
Specify setting S2			
Attack Rates for Major Setting of Exposure			
Group (based on setting)	Estimated exposed in major setting*	Estimated ill in major setting	Crude attack rate [(estimated ill / estimated exposed) x 100]
Residents, guests, passengers, patients, etc.	S3	S5	S7
Staff, crew, etc.	S4	S6	S8
*e.g., number of persons on ship, number of residents in nursing home or affected ward			
Other Settings of Exposure (choose all that apply)			
<input type="checkbox"/> Camp <input type="checkbox"/> Child day care <input type="checkbox"/> Event space <input type="checkbox"/> Festival/fair	<input type="checkbox"/> Hospital <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Long-term care/nursing home/assisted living facility	<input type="checkbox"/> Office/indoor workplace <input type="checkbox"/> Other healthcare facility <input type="checkbox"/> Other (specify) <input type="checkbox"/> Prison/jail	<input type="checkbox"/> Private home/residence <input type="checkbox"/> Religious facility <input type="checkbox"/> Restaurant <input type="checkbox"/> School/college/university
<input type="checkbox"/> Shelter/group home/transitional housing <input type="checkbox"/> Ship/boat <input type="checkbox"/> Unknown			
Specify setting S10			
Additional Shigella Questions (Complete this section for Shigella outbreaks)			
1. Did any case-patients report travel prior to illness onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown SH1 If yes, was travel international, domestic, or both? <input type="checkbox"/> International <input type="checkbox"/> Domestic <input type="checkbox"/> Both <input type="checkbox"/> Unknown SH2			
2. Were any confirmed, suspected, or probable case-patients immunocompromised (e.g., HIV/AIDS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown SH3			
3. Were there any confirmed, suspected, or probable cases among men who have sex with men? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown SH4			
Animal Contact Section – complete for animal contact primary mode of transmission			
<input type="checkbox"/> Animal vehicle undetermined A1		Reason(s) animal contact, but undetermined vehicle (enter all that apply from list in appendix E): A2 A3 A4 A5	
Animal	1	2	3
Animal Type (select from list in appendix E)	A6		
Animal Type (specify)	A7		
Confirmed or suspected vehicle	A8		
Reason(s) confirmed or suspected (enter all that apply from list in appendix E)	A9 A10 A11 A12		
1. Settings of exposure (check all that apply) A13 <input type="checkbox"/> Agricultural feed store <input type="checkbox"/> Animal shelter or sanctuary <input type="checkbox"/> Camp <input type="checkbox"/> Child day care <input type="checkbox"/> Farm/dairy <input type="checkbox"/> Festival or fair <input type="checkbox"/> Hospital <input type="checkbox"/> Laboratory <input type="checkbox"/> Live animal market <input type="checkbox"/> Long-term care/nursing home/assisted living facility <input type="checkbox"/> Pet store or other retail location <input type="checkbox"/> Petting zoo <input type="checkbox"/> Prison/jail <input type="checkbox"/> Private home/residence <input type="checkbox"/> School/college/university <input type="checkbox"/> Veterinary clinic <input type="checkbox"/> Zoo or animal exhibit <input type="checkbox"/> Other (specify*) <input type="checkbox"/> Unknown		2. Was pet food or animal feed implicated as a potential source of the outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown A14 If yes, please specify: <input type="checkbox"/> Prepackaged pet food <input type="checkbox"/> Pet treats or chews A15 <input type="checkbox"/> Homemade pet food <input type="checkbox"/> Commercially prepared 'raw' pet food <input type="checkbox"/> Frozen or fresh feeder rodents <input type="checkbox"/> Blended feed <input type="checkbox"/> Other (specify*) <input type="checkbox"/> Unknown	
3. Did any cases have exposure to livestock or household pets that were experiencing diarrhea? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown A16		5. What prevention measures or recommendations were used to stop the outbreak and prevent additional infections? (check all that apply) A18 <input type="checkbox"/> Handwashing <input type="checkbox"/> Quarantine/stop movement <input type="checkbox"/> Venue or event closure <input type="checkbox"/> Removal of animals from setting <input type="checkbox"/> None <input type="checkbox"/> Other (specify*) <input type="checkbox"/> Unknown	
4. Was the "Compendium of Measures to Prevent Disease Associated with Animals in Public Settings" used in the investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown A17			
Animal contact remarks (*If "Other" was chosen, specify here): A19			

Food Section – complete for foodborne primary mode of transmission

<input type="checkbox"/> Food vehicle undetermined	F1	Reason(s) foodborne, but undetermined vehicle (enter all that apply from list in		F2	F3	F4	F5
Food	1	2	3				
Name of food (excluding any preparation)	F6						
Confirmed or suspected vehicle	F7						
Reason(s) confirmed or suspected (enter all that apply from list in appendix E)	F8						
Ingredient(s) (enter all that apply)	F9						
Contaminated ingredient(s) (enter all that apply)	F10						
Total # of cases exposed to implicated food	F11						
Method of processing (enter all that apply from list in appendix E)	F12						
Method of preparation (select one from list in appendix E)	F13						
Level of preparation (select one from list in appendix E)	F14						
Contaminated food imported to US? F15	<input type="checkbox"/> Yes, country F16 <input type="checkbox"/> Yes, unknown <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, country <input type="checkbox"/> Yes, unknown <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, country <input type="checkbox"/> Yes, unknown <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Was product both produced under domestic regulatory oversight and sold?	<input type="checkbox"/> Yes <input type="checkbox"/> F17 <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Location where food was prepared (check all that apply)	F18	Location of exposure (where food was eaten) F20					
<input type="checkbox"/> Banquet facility (food prepared and served on-site)	<input type="checkbox"/> Other healthcare facility	<input type="checkbox"/> Banquet facility (food prepared and served on-site)	<input type="checkbox"/> Other healthcare facility				
<input type="checkbox"/> Camp	<input type="checkbox"/> Prison/jail	<input type="checkbox"/> Camp	<input type="checkbox"/> Prison/jail				
<input type="checkbox"/> Caterer (food prepared off-site from where served)	<input type="checkbox"/> Private home/residence	<input type="checkbox"/> Caterer (food prepared off-site from where served)	<input type="checkbox"/> Private home/residence				
<input type="checkbox"/> Child day care	<input type="checkbox"/> Religious facility	<input type="checkbox"/> Child day care	<input type="checkbox"/> Religious facility				
<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Restaurant- Buffet	<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Restaurant – Buffet				
<input type="checkbox"/> Farm/dairy	<input type="checkbox"/> Restaurant – ‘Fast-food’ (drive up service or pay at counter)	<input type="checkbox"/> Farm/dairy	<input type="checkbox"/> Restaurant – ‘Fast-food’ (drive up service or pay at counter)				
<input type="checkbox"/> Grocery store	<input type="checkbox"/> Restaurant – Other or unknown type	<input type="checkbox"/> Grocery store	<input type="checkbox"/> Restaurant – Other or unknown type				
<input type="checkbox"/> Hospital	<input type="checkbox"/> Restaurant – Sit-down dining	<input type="checkbox"/> Hospital	<input type="checkbox"/> Restaurant – Sit-down dining				
<input type="checkbox"/> Hotel/motel	<input type="checkbox"/> School/college/university	<input type="checkbox"/> Hotel/motel	<input type="checkbox"/> School/college/university				
<input type="checkbox"/> Long-term care/nursing home/ assisted living facility	<input type="checkbox"/> Ship/boat	<input type="checkbox"/> Long-term care/nursing home/ assisted living facility	<input type="checkbox"/> Ship/boat				
<input type="checkbox"/> Office/indoor workplace	<input type="checkbox"/> Unknown	<input type="checkbox"/> Office/indoor workplace	<input type="checkbox"/> Unknown				
<input type="checkbox"/> Other (specify in ‘where prepared remarks’)		<input type="checkbox"/> Other (specify in ‘where eaten remarks’)					
Where prepared remarks: F19		Where eaten remarks: F21					
Was there a kitchen manager certified in food safety at the location of preparation? <input type="checkbox"/> Yes F22 <input type="checkbox"/> No <input type="checkbox"/> Unknown							

Contributing Factors (check all that contributed to this outbreak)

F24

F25

☐ Contributing factors unknown

F23

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

F26

If 'before preparation':

☐ Pre

F27

☐ Pro

F28

☐ Un

F29

Reason suspected (check all that apply)☐ Environmental evidence

F30

☐ Laboratory evidence

F32

☐ Epidemiologic evidence

F31

☐ Prior experience makes this a likely source

F33

Was food-worker implicated as the source of contamination?☐ Yes☐ No☐ Unknown

F34

If yes, please check only one of the following:☐ Laboratory and epidemiologic evidence

F35

☐ Laboratory 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?

F36

☐ Single☐ Multiple (number of schools: F37)**2. School characteristics** (for all involved students in all involved schools)

a. Total approximate enrollment: F38 (number of students)

☐ Unknown or undetermined

F39

b. Grade level(s)

☐ Grade school (grades K-12)

F40

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

F41

3. Describe the preparation of the implicated item:

(check all that apply)

F42

☐ 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

F43

*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

F44

*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

F45

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

F46

Ground Beef

1. What percentage of ill persons, for whom information is available, ate ground beef raw or undercooked? F47 %
2. Was ground beef case-ready? F48
☐ 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? F49
☐ 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)?*: F50

Eggs

- | | |
|--|---|
| <p>1. Were eggs <i>(check all that apply)</i> F51</p> <p><input type="checkbox"/> in shell, unpasteurized</p> <p><input type="checkbox"/> in shell, pasteurized</p> <p><input type="checkbox"/> packaged liquid or dry</p> <p><input type="checkbox"/> stored with inadequate refrigeration during or after sale</p> <p><input type="checkbox"/> consumed raw</p> <p><input type="checkbox"/> consumed undercooked</p> <p><input type="checkbox"/> pooled</p> | <p>2. Was <i>Salmonella</i> Enteritidis found on the farm? F52</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Egg comment
 <i>(e.g., eggs and patients isolates matched by phage type):</i></p> <p>F53</p> |
|--|---|

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-->