**General Section**
- Complete for all modes of transmission except Water

**Primary Mode of Transmission (check one)**
- Food (complete General, Etiology, and Food tabs)
- Person-to-person (complete General, Etiology, and Settings tabs)
- Water (complete CDC 52.12)
- Environmental contamination other than food/water (complete General, Etiology, and Settings tabs)
- Animal contact (complete General, Etiology, and Animal Contact 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

**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**
- Reporting state: ____________________________
  - Exposure occurred in multiple states
  - Exposure occurred in a single state, but cases resided in multiple states
  - Other states: ____________________________
- Reporting county: ____________________________
  - Exposure occurred in multiple counties in reporting state
  - Exposure occurred in a single county, but cases resided in multiple counties in reporting state
  - Other counties: ____________________________
- City/Town/Place of exposure: ____________________________
  (Do not include proprietary or private facility names)

**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 # %</td>
</tr>
<tr>
<td>Probable primary cases</td>
<td># Female # %</td>
</tr>
<tr>
<td>Estimated total primary cases</td>
<td># Unknown # %</td>
</tr>
</tbody>
</table>

**Primary Case Outcomes**

<table>
<thead>
<tr>
<th># Cases</th>
<th>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># &lt;1 year # %</td>
<td>20–49 years # %</td>
</tr>
<tr>
<td>Hospitalized</td>
<td># 1–4 years # %</td>
<td>50–74 years # %</td>
</tr>
<tr>
<td>Visited Emergency Room</td>
<td># 5–9 years # %</td>
<td>≥ 75 years # %</td>
</tr>
<tr>
<td>Visited health care provider (excluding ER visits)</td>
<td># 10–19 years # %</td>
<td>Unknown # %</td>
</tr>
</tbody>
</table>
### Incubation Period, Duration of Illness, Signs or Symptoms for Primary Cases Only

<table>
<thead>
<tr>
<th>Feature</th>
<th>Shortest</th>
<th>Median</th>
<th>Longest</th>
<th>Total # of cases for whom info is available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shortest</td>
<td>Min, Hours, Days</td>
<td>Min, Hours, Days</td>
<td>Min, Hours, Days</td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>Min, Hours, Days</td>
<td>Median</td>
<td>Min, Hours, Days</td>
<td></td>
</tr>
<tr>
<td>Longest</td>
<td>Min, Hours, Days</td>
<td>Longest</td>
<td>Min, Hours, Days</td>
<td></td>
</tr>
<tr>
<td>Total # of cases for whom info is available</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Unknown incubation period
- Unknown duration of illness

### Signs or Symptoms

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

<table>
<thead>
<tr>
<th>Feature</th>
<th># Cases with signs or symptoms</th>
<th>Total # of 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>Asymptomatic</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

**Mode of secondary transmission** (check all that apply)

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

<table>
<thead>
<tr>
<th>Number of secondary cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab-confirmed secondary cases</td>
</tr>
<tr>
<td>Probable secondary cases</td>
</tr>
<tr>
<td>Estimated secondary cases</td>
</tr>
<tr>
<td>Estimated total cases (Primary + Secondary)</td>
</tr>
</tbody>
</table>

### Environmental Health Specialists Network (if applicable)

- EHS-Net Evaluation ID: 1. 2. 3. 4.

### 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>State</td>
<td>Country</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Recall

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

- Type of item recalled:

- Comments:

### Reporting Agency

- Agency name: ____________________________ E-mail: ____________________________
- Contact name: ____________________________ Phone no.: ____________________________
- Contact title: ____________________________ Fax no.: ____________________________

### 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

**Etiology known?**  □ Yes  □ No

If etiology is unknown, were patient specimens collected?  □ Yes  □ No  □ Unknown

If yes, how many specimens collected? (provide numeric value) ______

What were they tested for? (check all that apply)  □ Bacteria  □ Chemicals/Toxins  □ Viruses  □ Parasites

### Isolates/Strains

(For bacterial pathogens, provide a representative for each distinct pattern. For viral pathogens, provide CaliciNet key, outbreak number, sequenced region, and genotype for each distinct strain.)

<table>
<thead>
<tr>
<th>State Lab ID/ CaliciNet Key</th>
<th>CDC PulseNet 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/Other Molecular Designation 1</th>
<th>CaliciNet Genotype/ Other Molecular Designation 2</th>
</tr>
</thead>
</table>

*Detected in (choose all that apply): 1 - patient specimen 2 - food specimen 3 - environment specimen 4 - food worker specimen

### Attack rates for major setting of exposure

**Group (based on setting)**

<table>
<thead>
<tr>
<th>residents, guests, passengers, patients, etc.</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>
</table>

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

### Other settings of exposure (choose all that apply)

<table>
<thead>
<tr>
<th>□ Camp</th>
<th>□ Child day care</th>
<th>□ Community-wide</th>
<th>□ Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Hotel</td>
<td>□ Nursing home</td>
<td>□ Prison or detention facility</td>
<td>□ Other, please specify: ______</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Setting of exposure</th>
<th>Type of animal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Ensure all sections are completed as applicable.*
## Food Section – complete for foodborne primary mode of transmission

- Food vehicle undetermined

### Food

<table>
<thead>
<tr>
<th>Name of food (excluding any preparation)</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ingredient(s) (enter all that apply)</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contaminated ingredients(s) (enter all that apply)</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Total # of cases exposed to implicated food</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reason(s) suspected (enter all that apply from list in appendix)</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Method of processing (enter all that apply from list in appendix)</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Method of preparation (select one from list in appendix)</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Level of preparation (select one from list in appendix)</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contaminated food imported to US?</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Was product both produced under domestic regulatory oversight and sold?</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

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

- Restaurant – ‘Fast-food’ (drive up service or pay at counter)
- Restaurant – Sit-down dining
- Restaurant – Other or unknown type
- Private home
- Banquet Facility (food prepared and served on-site)
- Caterer (food prepared off-site from where served)
- Fair, festival, other temporary or mobile services
- Grocery store
- Workplace, not cafeteria
- Workplace cafeteria

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

- Nursing home, assisted living facility, home care
- Hospital
- Child day care center
- School
- Prison, jail
- Church, temple, religious location
- Camp
- Picnic
- Other (describe in Where Prepared Remarks)
- Workplace, not cafeteria
- Unknown

### Where Prepared Remarks:

### Where Eaten Remarks:
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

The confirmed or suspected point of contamination (check one)

- Before preparation
- Preparation

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

If yes, please check only one of the following:

- Laboratory and epidemiologic evidence
- Epidemiologic evidence
- Laboratory 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)
      - Preschool
      - 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 (describe 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 according to the most affected school.

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 according to the most affected school.
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 (describe in General Remarks)  ☐ 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 (such as shop trim or any product to alter the fat content)?: __________

---

### Additional Salmonella Questions

(Complete this section for Salmonella outbreaks)

1. Phage type(s) of patient isolates:

   __________ if RDNC* then include # ___________

   __________ if RDNC* then include # ___________

   __________ if RDNC* then include # ___________

   __________ if RDNC* then include # ___________

   * Reacts, Does Not Conform

---

### 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-->