National Outbreak Reporting System
Foodborne Disease Transmission, Person-to-Person Disease Transmission, Animal Contact

This form is used to report enteric foodborne, person-to-person, and animal contact-related disease outbreak investigations. This form has 5 sections, General, Laboratory, Person to Person, Animal contact, and Food, as indicated by tabs at the top of each page. Complete the General and Laboratory tabs for all modes of transmission and complete additional sections as indicated by the mode of transmission. Please complete as much of all sections as possible.

**General Section**

**Primary Mode of Transmission (check one)**

- Food (Complete General, Lab, and Food tabs)
- Water (Complete CDC 52.12)
- Animal contact (Complete General, Lab, and Animal Contact tabs)
- Person-to-person (Complete General, Lab, and Person-to-Person tabs)
- Environmental contamination other than food/water (Complete General and Lab tabs)
- Indeterminate/Other/Unknown (Complete General and Lab 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 of initial exposure _____ / _____ / _______
- 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 (estimated percent of the primary cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td># Lab-confirmed cases</td>
<td>(A)</td>
</tr>
<tr>
<td># Probable cases</td>
<td>(B)</td>
</tr>
<tr>
<td># Estimated total primary ill</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># Cases</th>
<th>Total # of cases for whom info is available</th>
<th>Approximate percent of primary cases in each age group</th>
</tr>
</thead>
<tbody>
<tr>
<td># Died</td>
<td>&lt;1 year % 20–49 years %</td>
<td></td>
</tr>
<tr>
<td># Hospitalized</td>
<td>1–4 years % 50–74 years %</td>
<td></td>
</tr>
<tr>
<td># Visited Emergency Room</td>
<td>5–9 years % ≥ 75 years %</td>
<td></td>
</tr>
<tr>
<td># Visited health care provider (excluding ER visits)</td>
<td>10–19 years % Unknown %</td>
<td></td>
</tr>
</tbody>
</table>
### Incubation Period, Duration of Illness, Signs or Symptoms for Primary Cases only

<table>
<thead>
<tr>
<th>Incubation Period (circle appropriate units)</th>
<th>Duration of Illness (among recovered cases-circle appropriate units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shortest</td>
<td>Min, Hours, Days</td>
</tr>
<tr>
<td>Median</td>
<td>Min, Hours, Days</td>
</tr>
<tr>
<td>Longest</td>
<td>Min, Hours, Days</td>
</tr>
<tr>
<td>Total # of cases for whom info is available</td>
<td>Total # of cases for whom info is available</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 # cases for whom info 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>
</tbody>
</table>

### Secondary Cases

<table>
<thead>
<tr>
<th>Mode of Secondary Transmission (check all that apply)</th>
<th>Number of Secondary Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Food</td>
<td># Lab-confirmed secondary cases (A)</td>
</tr>
<tr>
<td>☐ Water</td>
<td># Probable secondary cases (B)</td>
</tr>
<tr>
<td>☐ Animal contact</td>
<td>Total # of cases (Primary + Secondary)</td>
</tr>
<tr>
<td>☐ Person-to-person</td>
<td>Total # of secondary cases</td>
</tr>
<tr>
<td>☐ Environmental contamination other than food/water</td>
<td></td>
</tr>
<tr>
<td>☐ Indeterminate/Other/Unknown</td>
<td></td>
</tr>
</tbody>
</table>

### Environmental Health Specialists Network (if applicable)

EHS-Net Evaluation ID: 1.) ___________________ 2.) ___________________ 3.)_____________________

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

☐ Please check if traceback conducted

### 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: ___________________ Contact title: ___________________  
Phone no.: ___________________ Fax no.: ___________________  

### 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)
### Laboratory Section

#### 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. Confirmation criteria available at [http://www.cdc.gov/foodborneoutbreaks/guide_fd.htm](http://www.cdc.gov/foodborneoutbreaks/guide_fd.htm) or [MMWR2000/Vol. 49/SS-1/App. B](http://www.cdc.gov/mmwr/)**

#### Isolates

*For bacterial pathogens, provide a representative for each distinct pattern; provide lab ID for all specimens submitted for viral sequencing*  

<table>
<thead>
<tr>
<th>State Lab ID</th>
<th>PulseNet Outbreak Code</th>
<th>CDC PulseNet Pattern Designation for Enzyme 1</th>
<th>CDC PulseNet Pattern Designation for Enzyme 2</th>
<th>Other Molecular Designation</th>
<th>Other Molecular Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Person to Person

**Major setting of exposure (choose one)**

- Camp
- Child day care
- Community-wide
- Hospital
- Hotel
- Nursing home
- Prison or detention facility
- Private setting (residential home)
- Religious facility
- Restaurant
- School
- Ship
- Workplace

**Attack rates for major settings of exposure**

*Estimated exposed in major setting = number of persons on ship, number of residents in nursing home or affected ward*  

<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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>staff, crew, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Other settings of exposure

*choose all that apply*

- Camp
- Child day care
- Community-wide
- Hospital
- Hotel
- Nursing home
- Prison or detention facility
- Private setting (residential home)
- Religious facility
- Restaurant
- School
- Ship
- Workplace

### Animals and their environment

<table>
<thead>
<tr>
<th>Setting of exposure</th>
<th>Type of animal</th>
<th>Remarks</th>
</tr>
</thead>
</table>
## Food-specific data

- Food vehicle undetermined
- Total # of cases exposed to implicated food

### Food

<table>
<thead>
<tr>
<th>Name of food (excluding any preparation)</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ingredient(s) (enter all that apply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contaminated ingredients (enter all that apply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason(s) suspected (enter all that apply from list in appendix)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method of processing (enter all that apply from list in appendix)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method of preparation (select one from list in appendix)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of preparation (select one from list in appendix)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contaminated food imported to US?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was product both produced under domestic regulatory oversight and sold?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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)
- Carterer (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
- Workplace, not cafeteria
- Workplace cafeteria

### Remarks:

- 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 eaten)"

1. Did the outbreak involve a single or multiple schools?

- Single
- Multiple (If yes, 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?*

   - Yes
   - No
   - Unknown or Undetermined

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

Comment (e.g., eggs and patients isolates matched by phage type): __________

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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--.