

<i>Local ID Number</i> (Please use the same ID number on preliminary and final reports to allow linkage to the same outbreak.)		<i>Report Status</i> <input type="checkbox"/> Preliminary <input type="checkbox"/> Final
STATE USE ONLY	<i>State ID</i>	<i>CDC ID</i>
	<i>SSS Rec</i>	<i>Entry Date</i>
		<i>File Date</i>

## FOODBORNE DISEASE OUTBREAK REPORT

### INSTRUCTIONS

Please use this form to report:

- Two or more cases of similar illness from separate households resulting from the ingestion of a common food, OR
- Two or more cases of illness resulting from ingestion of food confirmed or suspected to be contaminated with botulism, marine toxins, or other chemicals.

Detailed instructions for completing this form can be found on the California Department of Public Health website at: <http://www.cdph.ca.gov/pubsforms/forms/Documents/CDPH8567-Instructions.pdf>.

### 1. FOODHANDLER

<i>Was a foodhandler implicated as the source of contamination? (required)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, specify (check only one)</i> <input type="checkbox"/> Laboratory evidence <input type="checkbox"/> Laboratory <b>and</b> epidemiologic evidence <input type="checkbox"/> Epidemiologic evidence <input type="checkbox"/> Prior experience makes this the likely source
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Please note: The purpose of this report is to capture information about the actual outbreak itself. If a FOODHANDLER was implicated as the source of contamination, do NOT include the foodhandler's information in any section of this report that asks about case information; that is, do NOT include the foodhandler in the case count, demographic data, any date fields, etc. Additional information about an implicated foodhandler may be included in the "Remarks" section at the end of this report. If any foodhandlers are involved in the outbreak as cases (not the source), they SHOULD be included in case information.

### 2. INVESTIGATION METHODS

*Investigation Methods (check all that apply)*

<input type="checkbox"/> Interviews only of ill persons	<input type="checkbox"/> Investigation at original source (e.g., farm, marine estuary, etc.)
<input type="checkbox"/> Case-control study (please attach report and / or tables)	<input type="checkbox"/> Food product traceback
<input type="checkbox"/> Cohort study (please attach report and / or tables)	<input type="checkbox"/> Environmental or food sample testing
<input type="checkbox"/> Food preparation review	<input type="checkbox"/> Other (describe): _____
<input type="checkbox"/> Investigation at factory or production plant	

*Comments*

### 3. DATES (PRIMARY CASES ONLY)

<i>Date First Case Became Ill (required, mm/dd/yyyy)</i>	<i>Date Last Case Became Ill (mm/dd/yyyy)</i>	<i>Date of Initial Exposure (mm/dd/yyyy)</i>	<i>Date of Last Exposure (mm/dd/yyyy)</i>
<i>Date LHD or State First Notified of This Outbreak (mm/dd/yyyy)</i>		<i>Time LHD or State First Notified of This Outbreak (hh:mm)</i>	<i>Specify AM / PM</i> <input type="checkbox"/> AM <input type="checkbox"/> PM
<i>Date Investigation Initiated (mm/dd/yyyy)</i>		<i>Time Investigation Initiated (hh:mm)</i>	<i>Specify AM / PM</i> <input type="checkbox"/> AM <input type="checkbox"/> PM

### 4. GEOGRAPHIC LOCATION

<i>Reporting State</i> <input type="checkbox"/> California <input type="checkbox"/> Other: _____	<i>If Multiple States Involved</i> <input type="checkbox"/> Exposure occurred in multiple states <input type="checkbox"/> Exposure occurred in a single state, but cases resided in multiple states
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*If Multiple States Involved, List Additional States*

<i>Reporting Local Health Jurisdiction</i>	<i>If Multiple Local Health Jurisdictions Involved</i> <input type="checkbox"/> Exposure occurred in multiple jurisdictions <input type="checkbox"/> Exposure occurred in a single jurisdiction, but cases resided in multiple jurisdictions
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*If Multiple Local Health Jurisdictions Involved, List Additional Local Health Jurisdictions*

<i>Name of Facility Where Exposure Occurred (If publicly available)</i>	<i>City / Town of Exposure</i>
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**5. PRIMARY CASES (DO NOT INCLUDE IMPLICATED FOODHANDLERS IN CASE COUNTS)**

Case Definition (e.g., person, place, time)

Characteristic	Specify as Noted		Characteristic	Specify as Noted	
Number of Primary Cases	# Lab-confirmed Cases		Sex (round %s to total 100)	% Male	
	# Probable Cases			% Female	
	# Estimated Total Primary Ill (required)			% Unknown	
Characteristic	# Cases	Total # Cases for Whom Information is Available	Age Group (round %s to total 100)	% < 1 Year	
Death (required)				% 1 - 4 Years	
Hospitalized Overnight (required)				% 5 - 9 Years	
Visited Emergency Room (required)				% 10 - 19 Years	
Visited Health Care Provider (including Urgent Care visits but excluding ER visits, required)				% 20 - 49 Years	
				% 50 - 74 Years	
				% ≥ 75 Years	% Unknown

**6. INCUBATION PERIOD (PRIMARY CASES ONLY)**

Is incubation period known? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total # Cases for Whom Information is Available	Incubation Period		Specify Units
		Shortest		<input type="checkbox"/> Min <input type="checkbox"/> Hours <input type="checkbox"/> Days
		Median		<input type="checkbox"/> Min <input type="checkbox"/> Hours <input type="checkbox"/> Days
		Longest		<input type="checkbox"/> Min <input type="checkbox"/> Hours <input type="checkbox"/> Days

**7. DURATION OF ILLNESS (AMONG RECOVERED PRIMARY CASES ONLY)**

Is duration of illness known? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total # Cases for Whom Information is Available	Duration of Illness		Specify Units
		Shortest		<input type="checkbox"/> Min <input type="checkbox"/> Hours <input type="checkbox"/> Days
		Median		<input type="checkbox"/> Min <input type="checkbox"/> Hours <input type="checkbox"/> Days
		Longest		<input type="checkbox"/> Min <input type="checkbox"/> Hours <input type="checkbox"/> Days

**8. SIGNS OR SYMPTOMS (PRIMARY CASES ONLY)**

Sign / Symptom	# Cases with Sign / Symptom	Total # Cases for Whom Information is Available	Sign / Symptom	# Cases with Sign / Symptom	Total # Cases for Whom Information is Available
Vomiting			Hemolytic uremic syndrome (for STEC only)		
Diarrhea			Asymptomatic		
Bloody stools			Other*: _____		
Fever			Other*: _____		
Abdominal cramps			Other*: _____		

\* Please list any additional symptoms that affected a significant proportion of cases. See list on page 8.

**9. SECONDARY CASES**

# Lab-confirmed Secondary Cases	# Probable Secondary Cases	# Estimated Total Secondary Cases	# Total Cases (primary + secondary)

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**10. TRACEBACK**

Was traceback conducted? <input type="checkbox"/> Yes <input type="checkbox"/> In progress <input type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, was a source identified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, specify source(s) to which traceback led below.
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**11. TRACEBACK – DETAILS**

Source Name 1 (e.g., company or facility name, if publicly available)	Source Type (e.g. poultry farm, tomato processing plant)
Location of Source - State	Location of Source - Country <input type="checkbox"/> United States <input type="checkbox"/> Mexico <input type="checkbox"/> Other: _____
Comments	
Source Name 2 (e.g., company or facility name, if publicly available)	Source Type (e.g. poultry farm, tomato processing plant)
Location of Source - State	Location of Source - Country <input type="checkbox"/> United States <input type="checkbox"/> Mexico <input type="checkbox"/> Other: _____
Comments	

**12. RECALL AND CONTROL MEASURES**

Was any food product recalled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, type of item recalled
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Recall Comments

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Other Control Measures

Food facility inspection  
  Food preparation education  
  Other (describe): \_\_\_\_\_

**13. ETIOLOGY (PRIMARY CASES ONLY)**

Is etiology known or suspected? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	Skip to Etiology - Details sections 14.1 and 14.2. Specify details of all confirmed and suspected etiologies. Name the bacterium, chemical / toxin, virus, or parasite. If available, include the species, serotype, and other characteristics such as phage type, virulence factors, and metabolic profile.		
If No:	Were patient specimens collected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	How many patients had specimens collected and tested?	What were they tested for? (check all that apply) <input type="checkbox"/> Bacteria <input type="checkbox"/> Chemicals / toxins <input type="checkbox"/> Viruses <input type="checkbox"/> Parasites	

**14.1 ETIOLOGY #1 – DETAILS (PRIMARY CASES ONLY)**

Etiology 1 <input type="checkbox"/> <i>Bacillus cereus</i> toxin <input type="checkbox"/> <i>Campylobacter</i> * <input type="checkbox"/> <i>Clostridium botulinum</i> toxin <input type="checkbox"/> <i>Clostridium perfringens</i> toxin <input type="checkbox"/> <i>E. coli</i> / STEC <input type="checkbox"/> Norovirus <input type="checkbox"/> <i>Salmonella</i> <input type="checkbox"/> Scombroid toxin <input type="checkbox"/> <i>Shigella</i> * <input type="checkbox"/> <i>Staphylococcus aureus</i> toxin <input type="checkbox"/> Suspected bacterial toxin, type undetermined <input type="checkbox"/> <i>Vibrio</i> * <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unk *Please indicate species in "Other Characteristics".	If <i>E. coli</i> / STEC, specify serotype <input type="checkbox"/> O157:H7 <input type="checkbox"/> O103 <input type="checkbox"/> O111:NM <input type="checkbox"/> O121 <input type="checkbox"/> O26:H11 <input type="checkbox"/> O45:H2 <input type="checkbox"/> Ound <input type="checkbox"/> Other: _____ <input type="checkbox"/> O157:NM <input type="checkbox"/> O103:H2 <input type="checkbox"/> O118 <input type="checkbox"/> O26 <input type="checkbox"/> O45 <input type="checkbox"/> O69:H11 <input type="checkbox"/> Unk
	If <i>Salmonella</i> , specify serotype <input type="checkbox"/> Agona <input type="checkbox"/> Heidelberg <input type="checkbox"/> Kottbus <input type="checkbox"/> Newport <input type="checkbox"/> Typhi <input type="checkbox"/> Unk <input type="checkbox"/> Braenderup <input type="checkbox"/> I 4,[5],12:- <input type="checkbox"/> Mbandaka <input type="checkbox"/> Oranienburg <input type="checkbox"/> Typhimurium <input type="checkbox"/> Enteritidis <input type="checkbox"/> Infantis <input type="checkbox"/> Montevideo <input type="checkbox"/> Saintpaul <input type="checkbox"/> Typhimurium var Copenhagen <input type="checkbox"/> Hadar <input type="checkbox"/> Javiana <input type="checkbox"/> Muenchen <input type="checkbox"/> Thompson <input type="checkbox"/> Other: _____
	Other Characteristics (List distinguishing characteristics not already indicated on this form, e.g., species, genotype, etc.)
	Confirmed outbreak etiology**? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What was it detected in? (check all that apply) <input type="checkbox"/> Patient specimen <input type="checkbox"/> Environmental specimen <input type="checkbox"/> Food specimen <input type="checkbox"/> Clinical evidence only <input type="checkbox"/> Foodhandler specimen
	# Lab-confirmed Primary Cases

\*\*For most etiologic agents, CDC considers an outbreak to have a confirmed etiology if there are two or more lab-confirmed cases. However, because botulism, marine toxin, and other chemical outbreaks have such distinct clinical symptoms, a physician's diagnosis is often sufficient and laboratory confirmation is not necessary to classify an outbreak as having a confirmed etiology. Therefore, for such outbreaks, CDC would consider the etiology confirmed if there are at least 2 cases (lab confirmed and / or probable) with signs and symptoms meeting the confirmation criteria. Please refer to CDC's *Guide to Confirming a Diagnosis in Foodborne Disease* at: [http://www.cdc.gov/outbreaknet/references\\_resources/guide\\_confirming\\_diagnosis.html](http://www.cdc.gov/outbreaknet/references_resources/guide_confirming_diagnosis.html).

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**14.2 ETIOLOGY #2 – DETAILS (PRIMARY CASES ONLY)**

<p><i>Etiology 2</i></p> <input type="checkbox"/> <i>Bacillus cereus</i> toxin <input type="checkbox"/> <i>Campylobacter</i> * <input type="checkbox"/> <i>Clostridium botulinum</i> toxin <input type="checkbox"/> <i>Clostridium perfringens</i> toxin <input type="checkbox"/> <i>E. coli</i> / STEC <input type="checkbox"/> Norovirus <input type="checkbox"/> <i>Salmonella</i> <input type="checkbox"/> Scombroid toxin <input type="checkbox"/> <i>Shigella</i> * <input type="checkbox"/> <i>Staphylococcus aureus</i> toxin <input type="checkbox"/> Suspected bacterial toxin, type undetermined <input type="checkbox"/> <i>Vibrio</i> * <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unk <p><small>*Please indicate species in "Other Characteristics".</small></p>	<p><i>If E. coli / STEC, specify serotype</i></p> <input type="checkbox"/> O157:H7 <input type="checkbox"/> O103 <input type="checkbox"/> O111:NM <input type="checkbox"/> O121 <input type="checkbox"/> O26:H11 <input type="checkbox"/> O45:H2 <input type="checkbox"/> Ound <input type="checkbox"/> Other: _____ <input type="checkbox"/> O157:NM <input type="checkbox"/> O103:H2 <input type="checkbox"/> O118 <input type="checkbox"/> O26 <input type="checkbox"/> O45 <input type="checkbox"/> O69:H11 <input type="checkbox"/> Unk						
	<p><i>If Salmonella, specify serotype</i></p> <input type="checkbox"/> Agona <input type="checkbox"/> Heidelberg <input type="checkbox"/> Kottbus <input type="checkbox"/> Newport <input type="checkbox"/> Typhi <input type="checkbox"/> Unk <input type="checkbox"/> Braenderup <input type="checkbox"/> I 4,[5],12:i:- <input type="checkbox"/> Mbandaka <input type="checkbox"/> Oranienburg <input type="checkbox"/> Typhimurium <input type="checkbox"/> Enteritidis <input type="checkbox"/> Infantis <input type="checkbox"/> Montevideo <input type="checkbox"/> Saintpaul <input type="checkbox"/> Typhimurium var Copenhagen <input type="checkbox"/> Hadar <input type="checkbox"/> Javiana <input type="checkbox"/> Muenchen <input type="checkbox"/> Thompson <input type="checkbox"/> Other: _____						
	<p><i>Other Characteristics (List distinguishing characteristics not already indicated on this form, e.g., species, genotype, etc.)</i></p>						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><i>Confirmed outbreak etiology**?</i></td> <td style="width:44%;"><i>What was it detected in? (check all that apply)</i></td> <td style="width:23%;"><i># Lab-confirmed Primary Cases</i></td> </tr> <tr> <td><input type="checkbox"/> Yes    <input type="checkbox"/> No</td> <td> <input type="checkbox"/> Patient specimen    <input type="checkbox"/> Environmental specimen  <input type="checkbox"/> Food specimen    <input type="checkbox"/> Clinical evidence only  <input type="checkbox"/> Foodhandler specimen                 </td> <td></td> </tr> </table>	<i>Confirmed outbreak etiology**?</i>	<i>What was it detected in? (check all that apply)</i>	<i># Lab-confirmed Primary Cases</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Patient specimen <input type="checkbox"/> Environmental specimen <input type="checkbox"/> Food specimen <input type="checkbox"/> Clinical evidence only <input type="checkbox"/> Foodhandler specimen	
<i>Confirmed outbreak etiology**?</i>	<i>What was it detected in? (check all that apply)</i>	<i># Lab-confirmed Primary Cases</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Patient specimen <input type="checkbox"/> Environmental specimen <input type="checkbox"/> Food specimen <input type="checkbox"/> Clinical evidence only <input type="checkbox"/> Foodhandler specimen						

\*\*For most etiologic agents, CDC considers an outbreak to have a confirmed etiology if there are two or more lab-confirmed cases. However, because botulism, marine toxin, and other chemical outbreaks have such distinct clinical symptoms, a physician’s diagnosis is often sufficient and laboratory confirmation is not necessary to classify an outbreak as having a confirmed etiology. Therefore, for such outbreaks, CDC would consider the etiology confirmed if there are at least 2 cases (lab confirmed and / or probable) with signs and symptoms meeting the confirmation criteria. Please refer to CDC’s *Guide to Confirming a Diagnosis in Foodborne Disease* at: [http://www.cdc.gov/outbreaknet/references\\_resources/guide\\_confirming\\_diagnosis.html](http://www.cdc.gov/outbreaknet/references_resources/guide_confirming_diagnosis.html).

**15. ISOLATES**

For bacterial pathogens, provide representative laboratory data for each distinct PFGE pattern, if available. For viral pathogens (norovirus and sapovirus), provide CaliciNet outbreak code, key, and genotype for each distinct strain identified in the outbreak, if available. If you do not have any isolates, enter "N/A" or "Unavailable" under "State or Local Lab ID" for Isolate 1.

Isolate 1	State or Local Lab ID	CDC PulseNet or CaliciNet Outbreak Code
	CDC PulseNet Pattern Designation for Enzyme 1	CDC PulseNet Pattern Designation for Enzyme 2
	CaliciNet Key / Other Molecular Designation 1	CaliciNet Genotype / Other Molecular Designation 2
Isolate 2	State or Local Lab ID	CDC PulseNet or CaliciNet Outbreak Code
	CDC PulseNet Pattern Designation for Enzyme 1	CDC PulseNet Pattern Designation for Enzyme 2
	CaliciNet Key / Other Molecular Designation 1	CaliciNet Genotype / Other Molecular Designation 2
Isolate 3	State or Local Lab ID	CDC PulseNet or CaliciNet Outbreak Code
	CDC PulseNet Pattern Designation for Enzyme 1	CDC PulseNet Pattern Designation for Enzyme 2
	CaliciNet Key / Other Molecular Designation 1	CaliciNet Genotype / Other Molecular Designation 2

**16. IMPLICATED FOODS**

<p><i>Was a food vehicle identified or suspected?</i></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<p><i>If No or Unk, skip to Section 18.</i></p>
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**17.1 IMPLICATED FOOD #1 – DETAILS**

Name of Food (e.g., beef lasagna)	Ingredient(s) (e.g., ground beef, tomatoes, pasta, cheese, salt)
Contaminated Ingredient(s) (e.g., ground beef)	Total # Primary Cases Exposed to Implicated Food <input type="checkbox"/> Unknown

(continued on page 5)

Local ID Number: \_\_\_\_\_

**17.1 IMPLICATED FOOD #1 – DETAILS (continued)**

*Reason(s) Suspected (check all that apply)*

1 - Statistical evidence from epidemiological investigation       4 - Other data (e.g., same phage type found on farm that supplied eggs)

2 - Laboratory evidence (e.g., identification of agent in food)       5 - Specific evidence lacking but previous experience makes it likely source

3 - Compelling supportive information

*Method of Processing (prior to point-of service: processor; check all that apply)*

1 - Pasteurized (e.g., liquid milk, cheese, juice, etc.)       7 - Frozen

2 - Unpasteurized (e.g., liquid milk, cheese, juice, etc.)       8 - Canned

3 - Shredded or diced       9 - Acid treatment (e.g., commercial potato salad with vinegar, etc.)

4 - Pre-packaged (e.g., bagged lettuce or other produce)       10 - Pressure treated (e.g., oysters, etc.)

5 - Irradiation       11 - Other or unknown

6 - Pre-washed

*Method of Preparation (at point-of-service; retail: restaurant, grocery store; select only one)*

1 - Prepared in the home

2 - Ready to eat food: no manual preparation, no cook step (e.g., sliced cheese, pre-packaged deli meats; whole raw fruits; pre-shucked raw oysters, etc.)

3 - Ready to eat food: manual preparation, no cook step (e.g., cut fresh fruits and vegetables, chicken salad made from canned chicken, etc.)

4 - Cook and serve foods: immediate service (e.g., soft-cooked eggs, hamburgers, etc.)

5 - Cook and hot hold prior to service (e.g., soups, hot vegetables, mashed potatoes, etc.)

6 - Advance preparation: cook, cool, serve (e.g., sliced roast beef from a whole cooked roast, etc.)

7 - Advance preparation: cook, cool, reheat, serve (e.g., casseroles, soups, sauces, chili, etc.)

8 - Advance preparation: cook, cool, reheat, hot hold, serve (e.g., chili, refried beans, etc.)

9 - Advance preparation: cook-chill and reduced oxygen packaging (ROP) (e.g., sauces, gravies, cheeses, etc. packaged under ROP)

10 - Other or unknown

*Level of Preparation (check all that apply)*

1 - Foods eaten raw with minimal or no processing (e.g., washing, cooling)

2 - Foods eaten raw with some processing (e.g., no cooking, fresh cut and / or packaged raw)

3 - Foods eaten heat processed (e.g., cooked: a microbiological kill step was involved in processing)

*Contaminated food imported to U.S.? (This includes food hand-carried into the U.S.)*

Yes, country known (specify): \_\_\_\_\_       Yes, country unknown       No       Unk

**17.2 IMPLICATED FOOD #2 – DETAILS**

<i>Name of Food (e.g., beef lasagna)</i>	<i>Ingredient(s) (e.g., ground beef, tomatoes, pasta, cheese, salt)</i>
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<i>Contaminated Ingredient(s) (e.g., ground beef)</i>	<i>Total # Primary Cases Exposed to Implicated Food</i>
<input type="checkbox"/> Unknown	

*Reason(s) Suspected (check all that apply)*

1 - Statistical evidence from epidemiological investigation       4 - Other data (e.g., same phage type found on farm that supplied eggs)

2 - Laboratory evidence (e.g., identification of agent in food)       5 - Specific evidence lacking but previous experience makes it likely source

3 - Compelling supportive information

*Method of Processing (prior to point-of service: processor; check all that apply)*

1 - Pasteurized (e.g., liquid milk, cheese, juice, etc.)       7 - Frozen

2 - Unpasteurized (e.g., liquid milk, cheese, juice, etc.)       8 - Canned

3 - Shredded or diced       9 - Acid treatment (e.g., commercial potato salad with vinegar, etc.)

4 - Pre-packaged (e.g., bagged lettuce or other produce)       10 - Pressure treated (e.g., oysters, etc.)

5 - Irradiation       11 - Other or unknown

6 - Pre-washed

*Method of Preparation (at point-of-service; retail: restaurant, grocery store; select only one)*

1 - Prepared in the home

2 - Ready to eat food: no manual preparation, no cook step (e.g., sliced cheese, pre-packaged deli meats; whole raw fruits; pre-shucked raw oysters, etc.)

3 - Ready to eat food: manual preparation, no cook step (e.g., cut fresh fruits and vegetables, chicken salad made from canned chicken, etc.)

4 - Cook and serve foods: immediate service (e.g., soft-cooked eggs, hamburgers, etc.)

5 - Cook and hot hold prior to service (e.g., soups, hot vegetables, mashed potatoes, etc.)

6 - Advance preparation: cook, cool, serve (e.g., sliced roast beef from a whole cooked roast, etc.)

7 - Advance preparation: cook, cool, reheat, serve (e.g., casseroles, soups, sauces, chili, etc.)

8 - Advance preparation: cook, cool, reheat, hot hold, serve (e.g., chili, refried beans, etc.)

9 - Advance preparation: cook-chill and reduced oxygen packaging (ROP) (e.g., sauces, gravies, cheeses, etc. packaged under ROP)

10 - Other or unknown

*Level of Preparation (check all that apply)*

1 - Foods eaten raw with minimal or no processing (e.g., washing, cooling)

2 - Foods eaten raw with some processing (e.g., no cooking, fresh cut and / or packaged raw)

3 - Foods eaten heat processed (e.g., cooked: a microbiological kill step was involved in processing)

*Contaminated food imported to U.S.? (This includes food hand-carried into the U.S.)*

Yes, country known (specify): \_\_\_\_\_       Yes, country unknown       No       Unk

Local ID Number: \_\_\_\_\_

**18. LOCATION WHERE FOOD WAS PREPARED**

*Location Where Food was Prepared (check all that apply)*

<input type="checkbox"/> Restaurant - "Fast-food" (drive-up service or pay at counter)	<input type="checkbox"/> Nursing home (e.g., skilled nursing facility, long-term care facility)
<input type="checkbox"/> Restaurant - Sit-down dining	<input type="checkbox"/> Assisted living facility, home care
<input type="checkbox"/> Restaurant - Other or unknown type	<input type="checkbox"/> Hospital
<input type="checkbox"/> Private home	<input type="checkbox"/> Child day care center
<input type="checkbox"/> Banquet facility (food prepared and served on-site)	<input type="checkbox"/> School
<input type="checkbox"/> Caterer (food prepared off-site from where served)	<input type="checkbox"/> Prison, jail
<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Church, temple, religious location
<input type="checkbox"/> Grocery store	<input type="checkbox"/> Camp
<input type="checkbox"/> Workplace, not cafeteria	<input type="checkbox"/> Picnic
<input type="checkbox"/> Workplace cafeteria	<input type="checkbox"/> Other (describe in Remarks)
	<input type="checkbox"/> Unknown

*Remarks*

**19. LOCATION OF EXPOSURE (WHERE FOOD WAS EATEN)**

*Location of Exposure (check all that apply)*

<input type="checkbox"/> Restaurant - "Fast-food" (drive-up service or pay at counter)	<input type="checkbox"/> Nursing home (e.g., skilled nursing facility, long-term care facility)
<input type="checkbox"/> Restaurant - Sit-down dining	<input type="checkbox"/> Assisted living facility, home care
<input type="checkbox"/> Restaurant - Other or unknown type	<input type="checkbox"/> Hospital
<input type="checkbox"/> Private home	<input type="checkbox"/> Child day care center
<input type="checkbox"/> Banquet facility (food prepared and served on-site)	<input type="checkbox"/> School
<input type="checkbox"/> Caterer (food prepared off-site from where served)	<input type="checkbox"/> Prison, jail
<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Church, temple, religious location
<input type="checkbox"/> Grocery store	<input type="checkbox"/> Camp
<input type="checkbox"/> Workplace, not cafeteria	<input type="checkbox"/> Picnic
<input type="checkbox"/> Workplace cafeteria	<input type="checkbox"/> Other (describe in Remarks)
	<input type="checkbox"/> Unknown

*Remarks*

**20. CONTRIBUTING FACTORS**

<i>Are contributing factors known?</i>	<i>If known, check all that apply in Section 21. If unknown, skip to Section 22.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	

**21. CONTRIBUTING FACTORS – DETAILS**

*Contamination Factors (check all that apply)*

- C1 - Toxic substance part of tissue
- C2 - Poisonous substance intentionally / deliberately added
- C3 - Poisonous substance accidentally / inadvertently added
- C4 - Addition of excessive quantities of ingredients that are toxic in large amounts
- C5 - Toxic container
- C6 - Contaminated raw product - food was intended to be consumed after a kill step
- C7 - Contaminated raw product - food was intended to be consumed raw or undercooked / underprocessed
- C8 - Foods originating from sources shown to be contaminated or polluted (such as a growing field or harvest area)
- C9 - Cross-contamination of ingredients (cross-contamination does not include ill food workers)
- C10 - Bare-hand contact by a food handler / worker / preparer who is suspected to be infectious
- C11 - Glove-hand contact by a food handler / worker / preparer who is suspected to be infectious
- C12 - Other mode of contamination (excluding cross-contamination) by a food handler / worker / preparer who is suspected to be infectious
- C13 - Foods contaminated by non-food handler / worker / preparer who is suspected to be infectious
- C14 - Storage in contaminated environment
- C15 - Other source of contamination (specify): \_\_\_\_\_
- C-N/A - Contamination factors not applicable

(continued on page 7)



Local ID Number: \_\_\_\_\_

**25. REPORTING AGENCY AND OTHER KEY INVESTIGATORS**

<i>Local Health Jurisdiction</i>		<i>Lead Investigator Name</i>		<i>Investigator Title</i>	
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<i>Telephone Number</i>	<i>Fax Number</i>	<i>E-mail</i>	<i>Date (mm/dd/yyyy)</i>
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*Other Key Investigators*

**26. PHEP – SEVEN MINIMAL ELEMENTS CHECKLIST**

Below are the seven minimal elements for outbreak investigations as outlined in the *CDC Public Health Emergency Preparedness (PHEP) Cooperative Agreement – Performance Measures Specifications and Implementation Guidance* (pp. 56-60).

- All seven minimal elements included in outbreak report
  - 1 - Context / background (e.g., population affected, location, geographical area(s) involved, etiology, etc.)
  - 2 - Initiation of investigation (e.g., dates and times notification was received by the LHJ and initiation of investigation, etc.)
  - 3 - Investigation methods (e.g., data collection and analyses methods, epi curve, case definition, exposure assessment and classification, etc.)
  - 4 - Investigation findings / results (e.g., epidemiologic, laboratory, and / or clinical results, other analytic findings, etc.)
  - 5 - Discussion and / or conclusions
  - 6 - Recommendations for controlling disease and / or preventing / mitigating exposure
  - 7 - Key investigators and / or report authors

**27. STATE USE ONLY**

<i>State ID</i>	<i>CDC ID</i>	<i>NORS Onset Year (yyyy)</i>
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**ADDITIONAL SIGNS AND SYMPTOMS**

<ul style="list-style-type: none"> <li>• Alopecia (hair loss)</li> <li>• Anaphylaxis</li> <li>• Anorexia</li> <li>• Appendicitis</li> <li>• Arthralgia</li> <li>• Ataxia</li> <li>• Backache</li> <li>• Bedridden</li> <li>• Bloating</li> <li>• Blood pressure flux</li> <li>• Bloody vomitus</li> <li>• Blurred vision</li> <li>• Body ache</li> <li>• Bradycardia</li> <li>• Bullous skin lesions</li> <li>• Burning</li> <li>• Burns in mouth</li> <li>• Chest pain</li> <li>• Chills</li> <li>• Coma</li> <li>• Congestion</li> <li>• Cough</li> <li>• Dark Urine</li> <li>• Dehydration</li> <li>• Descending paralysis</li> <li>• Difficulty breathing</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty swallowing</li> <li>• Dilated pupils</li> <li>• Diplopia (double vision)</li> <li>• Disoriented</li> <li>• Dizziness</li> <li>• Dry mouth</li> <li>• Dysconjugate gaze</li> <li>• Dysesthesia (impairment of a sense, esp. touch)</li> <li>• Ear ache</li> <li>• Ears ringing</li> <li>• Edema</li> <li>• Eosinophil</li> <li>• Erythema</li> <li>• Excess saliva</li> <li>• Eye problems</li> <li>• Facial weakness</li> <li>• Faintness</li> <li>• Fasciculations (bundling nerve / muscle fibers)</li> <li>• Fatigue</li> <li>• Flushing</li> <li>• Gas</li> <li>• Hallucinations</li> <li>• Headache</li> <li>• Heartburn</li> </ul>	<ul style="list-style-type: none"> <li>• Hemorrhage</li> <li>• Histamine reaction</li> <li>• Hives</li> <li>• Hoarse</li> <li>• Hot flash / flush</li> <li>• Hypotension</li> <li>• Insomnia</li> <li>• Itching</li> <li>• Jaundice</li> <li>• Joint pain</li> <li>• Lethargy</li> <li>• Light-headed</li> <li>• Liver necrosis</li> <li>• Loss of appetite</li> <li>• Loss of consciousness</li> <li>• Lymphadenopathy</li> <li>• Malaise</li> <li>• Memory loss</li> <li>• Meningitis</li> <li>• Mucus</li> <li>• Mucus in stool</li> <li>• Muscle breakdown</li> <li>• Muscle fatigue</li> <li>• Muscle spasm</li> <li>• Myalgia</li> <li>• Nausea</li> </ul>	<ul style="list-style-type: none"> <li>• Neurological symptoms</li> <li>• Nightmares</li> <li>• Numbness</li> <li>• Oral swelling</li> <li>• Pain</li> <li>• Palpitations</li> <li>• Paralysis</li> <li>• Paresthesia</li> <li>• Periorbital edema</li> <li>• Pharyngitis</li> <li>• Photophobia</li> <li>• Prostration</li> <li>• Ptosis</li> <li>• Quadriplegia</li> <li>• Rapid pulse</li> <li>• Rash</li> <li>• Redness</li> <li>• Respiratory arrest</li> <li>• Rhinitis</li> <li>• Seizures</li> <li>• Septicemia</li> <li>• Shakes</li> <li>• Shock</li> <li>• Shortness of breath</li> <li>• Sore throat</li> <li>• Speech difficulty</li> </ul>	<ul style="list-style-type: none"> <li>• Stiff neck</li> <li>• Stiffness</li> <li>• Stomach ache</li> <li>• Sweating</li> <li>• Swelling</li> <li>• Swollen glands</li> <li>• Swollen tongue</li> <li>• Tachycardia</li> <li>• Taste disturbance</li> <li>• Temperature reversal</li> <li>• Temperature variant</li> <li>• Thick tongue</li> <li>• Thirst</li> <li>• Thrombocytopenia</li> <li>• Tingling</li> <li>• Trembling</li> <li>• TTP (Thrombotic thrombocytopenic purpura)</li> <li>• Urinary problems</li> <li>• Urticaria</li> <li>• Weak pulse</li> <li>• Weakness</li> <li>• Weight loss</li> <li>• Wheezing</li> </ul>
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