



National Outbreak Reporting System

OMB No. 0920-1304

This form is used to report investigations of foodborne and waterborne disease outbreaks; enteric disease outbreaks transmitted by contact with persons, animals, or environmental sources; or by an unknown mode; and certain fungal disease outbreaks. This form has 16 sections, indicated by the dark purple headers. **Please complete as much as possible of all applicable sections.**

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including 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 (0920-1304) <---DO NOT MAIL CASE REPORTS TO THIS ADDRESS

Guidance document:

CDC ID (CDC use only)	State ID (Central office use)

Primary Mode of Transmission (required)

Food (only)

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 notification to State/Territory or Local/Tribal Health Authorities: _____
 Date outbreak investigation began: _____

Geographic Location

Exposure state (required): _____
 Exposure occurred in multiple states
 Exposure occurred in a single state, but some or all cases resided in a different state(s)
 Other states: _____
(For multistate exposure or multistate residency outbreaks, enter the case count for each state)

Exposure county (required): _____
 Exposure occurred in multiple counties in exposure state
 Exposure occurred in a single county, but some or all cases resided in a different county or multiple counties
 Other counties: _____

Exposure occurred on any of the following:
 Not applicable (N/A) National park
 Tribal land (within census bureau boundaries) Other federal land (e.g., national forest, military base; specify below)

City/Town/Place of exposure (e.g., facility name): _____

Primary Cases

Primary Case Counts

Primary Case Counts	Number
Lab-confirmed primary cases	#
Probable primary cases	#
Estimated total primary cases (required)	#

Sex Number or percent of the primary cases	Number	Percent
Male	#	
Female	#	
Unknown sex	#	

For food if outbreak occurred during >1 calendar year, # cases per year (by illness onset)

Case Type	Year: _____	Year: _____	Year: _____	Year: _____
Lab-confirmed primary cases				
Probable primary cases				
Estimated total primary cases				

Age <i>Number or percent of primary cases</i>								
Age	Number	Percent	Age	Number	Percent	Age	Number	Percent
<1 year	#		10-17 years	#		65-74 years	#	
1-4 years	#		18-49 years	#		≥75 years	#	
5-9 years	#		50-64 years	#		Unknown	#	

Signs or Symptoms <i>Among primary cases</i>					
Commonly reported signs or symptoms	# cases	# cases with info available	Other signs or symptoms <i>Select all that apply from list in Appendix E</i>	# cases	# cases with info available
Vomiting	#	#	Fever	#	#
Diarrhea	#	#	Other (specify): _____	#	#
Bloody stools	#	#	Other (specify): _____	#	#
Abdominal cramps	#	#	Other (specify): _____	#	#

Incubation Period <i>Among primary cases; select appropriate units</i>			Duration of Illness <i>Among recovered primary cases; select appropriate units</i>		
<input type="checkbox"/> Unknown incubation period			<input type="checkbox"/> Unknown duration of illness		
Incubation Period	Number	Increment	Illness Duration	Number	Increment
Shortest	#	<input type="radio"/> Mins <input type="radio"/> Hours <input type="radio"/> Days	Shortest	#	<input type="radio"/> Mins <input type="radio"/> Hours <input type="radio"/> Days
Median	#	<input type="radio"/> Mins <input type="radio"/> Hours <input type="radio"/> Days	Median	#	<input type="radio"/> Mins <input type="radio"/> Hours <input type="radio"/> Days
Longest	#	<input type="radio"/> Mins <input type="radio"/> Hours <input type="radio"/> Days	Longest	#	<input type="radio"/> Mins <input type="radio"/> Hours <input type="radio"/> Days

of cases with info available: _____

of cases with info available: _____

Healthcare-Seeking Behaviors <i>Among primary cases</i>		
Behavior	# cases	# cases with info available
Visited health care provider	#	#
Visited emergency department	#	#
Visited Indian Health Service or tribal facility	#	#

Case Outcomes <i>Among primary cases</i>		
Outcome	# cases	# cases with info available
Died	#	#
Hospitalized	#	#
Hemolytic uremic syndrome (HUS)	#	#
Disseminated infection <i>(e.g., pathogen detected in blood, central nervous system, bone/joint)</i>	#	#
Pregnancy loss <i>(For # cases with info available, enter number of known pregnant women)</i>	#	#

Case Characteristics <i>Among primary cases</i>		
Characteristic	# cases	# cases with info available
<i>During the exposure period of interest (or the 7 days before illness began for unknown etiologies), indicate how many primary case-patients:</i>		
Attended or worked in a child daycare	#	#
Were experiencing homelessness	#	#
Were exposed in the workplace	#	#
Were immunocompromised <i>(e.g., HIV/AIDS, solid organ or stem cell transplant, cancer)</i>	#	#
Were men who reported sexual contact with another man (MSM) <i>Complete only for person-to-person and indeterminate/unknown outbreaks. For # cases with info available, enter number of known men</i>	#	#

Travel *During the exposure period of interest (or 7 days before illness began for unknown etiologies)*

1. For food outbreaks, was the outbreak associated with the source case-patient (e.g., food worker) traveling internationally?

- Yes No Unknown N/A

*Case-patients with implicated exposure outside the United States should not be included in case counts for this report. Only outbreaks with domestic exposures should be reported through NORS.

Case characteristics remarks

Secondary Cases

Mode of Secondary Transmission *Select all that apply*

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

Secondary Case Counts

Secondary Case type	Number
Lab-confirmed secondary cases	#
Probable secondary cases	#
Estimated total secondary cases	#
Estimated total cases (Primary + Secondary)	#

Secondary Case Outcomes *Complete for food outbreaks only*

Outcome	# secondary cases	# secondary cases with info available
Died	#	#
Hospitalized	#	#
Hemolytic uremic syndrome (HUS)	#	#

Laboratory and Environmental Investigation

Sample Collection and Testing *For human samples, only include primary cases*

1. Were any samples tested? Yes No Unknown

2. What types of samples were tested?

a. Human Yes No Unknown

From how many persons (including food workers)? _____

i. Food worker Yes No Unknown

b. Animal Yes No Unknown

c. Food Yes No Unknown

d. Water Yes No Unknown

e. Other environmental Yes No Unknown

Specify other type(s): _____

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

Human samples

- Bacterium/bacteria or bacterial toxin(s)
- Virus(es)
- Parasite(s)
- Chemical(s) or non-bacterial toxin(s)
- Fungus/fungi
- Other
- Unknown

Animal, food, water, other environmental samples

- Bacterium/bacteria or bacterial toxin(s)
- Virus(es)
- Parasite(s)
- Chemical(s) or non-bacterial toxin(s)
- Fungus/fungi
- Other
- Unknown

4. What test types were used? (Select all that apply)

Human samples

- Test for chemicals
- Culture
- DNA or RNA amplification/detection (e.g., PCR, RT-PCR, multiplex PCR panels)
- Mass spectroscopy (e.g., MALDI-TOF)
- Metagenomics (e.g., DNase SISPA, amplicon sequencing, shotgun metagenomics)
- Microscopy (e.g., Fluorescent, electron microscope)
- Serological or immunological test (e.g., EIA, ELISA, UAT)
 - Antigen
 - Antibody
- Tissue culture infectivity assay
- Other (specify): _____
- Unknown

Animal, food, water, other environmental samples

- Test for chemicals
- Culture
- DNA or RNA amplification/detection (e.g., PCR, RT-PCR, multiplex PCR panels)
- Mass spectroscopy (e.g., MALDI-TOF)
- Metagenomics (e.g., DNase SISPA, amplicon sequencing, shotgun metagenomics)
- Microscopy (e.g., Fluorescent, electron microscope)
- Serological or immunological test (e.g., EIA, ELISA, UAT)
 - Antigen
 - Antibody
- Tissue culture infectivity assay
- Other (specify): _____
- Unknown

5. Did CDC NARMS perform antimicrobial susceptibility testing? Yes No Unknown

Etiology and Isolates

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

*See the [guidance document](#) for guidelines on confirming the etiology of the outbreak.

Etiology If available, include the subtype and other characteristics such as virulence factors and metabolic profile.

Genus	Species	Subtype (e.g., serotype, genotype)	Other characteristics	Total # positive primary cases	Detected in* (select all that applies)	Outbreak etiology confirmed or suspected
				Total #: _____ # culture-confirmed: _____ # CIDT-positive only: _____		
				Total #: _____ # culture-confirmed: _____ # CIDT-positive only: _____		

*Detected in (select all that apply): 1 – patient specimen; 2 – food sample; 3 – environmental sample; 4 – food worker specimen; 5 – water sample; 6 – animal specimen

Isolates or Strains *For PulseNet isolates, complete only the first four columns. For all other isolates/strains, enter all available information.*

CDC system <i>(PulseNet, CaliciNet, CryptoNet, Other, Unknown, None)</i>	State lab: sample ID	CDC lab: sample ID <i>(e.g., PulseNet key, CaliciNet key, CryptoNet key)</i>	CDC lab: outbreak ID <i>(e.g., PulseNet outbreak code, CaliciNet outbreak number, CryptoNet outbreak number)</i>	PFGE pattern	Sequencing information <i>(e.g., allele code, sequenced region)</i>	Subtype information <i>(e.g., serotype, genotype)</i>	Source/ sample type <i>(e.g., environmental sample; refer to list in Appendix E)</i>
				Enzyme 1: _____ Enzyme 2: _____			
				Enzyme 1: _____ Enzyme 2: _____			

Settings

Setting(s) of Exposure: Food

Enter all settings of exposure using list in Appendix E. Select a single setting unless exposures occurred in multiple settings. If multiple options could describe a single outbreak setting, choose the option that best applies and provide details in the remarks box below. For foodborne disease outbreaks, this is the location where food was eaten. *Setting(s) where food was prepared is captured in the next section.*

Setting 1/Major Setting	Setting 2	Setting 3	Setting 4	Other (specify):

Setting of exposure remarks:

Setting(s) of Preparation: Food *Complete only for food outbreaks*

Enter all settings where food was prepared using the list in Appendix E. Select a single setting unless preparation occurred in multiple settings.

Setting 1	Setting 2	Setting 3	Setting 4	Other (specify):

Setting of preparation remarks:

Associated Events *Refer to list in Appendix E*

Was exposure associated with a specific event(s) or gathering(s)? Yes (specify): _____ No Unknown

Long-term Care Outbreaks *Complete this section only if "Long-term care/nursing home/assisted living facility" is selected as a setting above***Types of care affected** *(Select all that apply)*

- Nursing home/skilled nursing
- Assisted living
- Independent living *(in continuous care community)*
- Intermediate care
- Memory care
- Other (specify): _____

School Outbreaks *Complete this section only if "School/College/University" is selected as a setting above***1.** Did the outbreak involve one or more schools?

- One More than one (number of schools: _____) Unknown

2. Grades affected *(Select all that apply)*

- K 1 2 3 4 5 6 7 8 9 10 11 12
- College/university/technical school
- Unknown or undetermined grade level(s)

3. Number of schools with public or private funding *(If a single school was involved, write "1" next to the funding type):*

Public: _____ Private: _____ Unknown or undetermined: _____

Correctional or Detention Facility Outbreaks *Complete this section only if "Correctional/Detention Facility" is selected as a setting above*

1. What was the name of the correctional/detention facility? _____

2. Is the facility run by the government or by a privately contracted business?

- Government Private Unknown

3. What was the type of facility?

- Federal prison Juvenile detention center Other (specify): _____
- State prison Immigration detention center
- State/local jail Unknown _____

Complete for foodborne disease outbreaks only:**4.** Who is involved in food preparation at this facility?

Inmate food workers Yes No Unknown

Other food workers Yes No Unknown

5. If contamination from a food worker was a contributing factor (also answer yes in the Food Contributing Factors section), were any of the following types of food workers implicated? *(cite C9, C10, or C11 within the food contributing factors section)*

Inmate food workers Yes No Unknown

Other food workers Yes No Unknown

Food Section *Complete for food outbreaks*

Food vehicle undetermined? Yes No

If food vehicle undetermined, reason(s) supporting foodborne as the mode of transmission *(Select all that apply)*

- Epidemiologic evidence Traceback investigation
 Laboratory evidence Other *(specify):*
 Environmental evidence

Question	Food Vehicle 1	Food Vehicle 2	Food Vehicle 3
Name of food			
Vehicle confirmed or suspected			
Reason(s) confirmed or suspected <i>Enter all from list in Appendix E</i>			
Ingredient(s) <i>Enter all</i>			
Contaminated ingredient(s) <i>Enter all</i>			
Method of processing <i>Enter all from list in Appendix E</i>			
Level of preparation <i>Enter all from list in Appendix E</i>			
Method of preparation & service <i>Enter all from list in Appendix E</i>			
Type of packaging <i>Enter all from list in Appendix E</i>			
Contaminated food imported to U.S.? <input type="radio"/> Yes, country: _____ <input type="radio"/> Yes, country unknown <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> Yes, country: _____ <input type="radio"/> Yes, country unknown <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes, country: _____ <input type="radio"/> Yes, country unknown <input type="radio"/> No <input type="radio"/> Unknown
Was product produced under U.S. domestic regulatory oversight? <input type="radio"/> Yes, federal <input type="radio"/> Yes, state only <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> Yes, federal <input type="radio"/> Yes, state only <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes, federal <input type="radio"/> Yes, state only <input type="radio"/> No <input type="radio"/> Unknown
Was product sold under U.S. domestic regulatory oversight? <input type="radio"/> Yes, federal <input type="radio"/> Yes, state only <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> Yes, federal <input type="radio"/> Yes, state only <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes, federal <input type="radio"/> Yes, state only <input type="radio"/> No <input type="radio"/> Unknown

Does the location of preparation have a certified food protection manager? Yes No Unknown

If yes, is the certified manager on-site during all hours of operation for the location of preparation? Yes No Unknown

Was an infectious food worker implicated as the source of contamination? Yes No Unknown
If yes, select C9, C10, or C11 below

Food Contributing Factors *Select all that contributed to this outbreak*

Select if contributing factors unknown

Point of final preparation/sale (POS): restaurant, grocery store, private home/residence

Before point of final preparation/sale:

- Pre-Harvest: farm or dairy, harvest area, growing field
- Post-Harvest: processing or pasteurization plant, distribution or storage facility, during transit
- Unknown if pre or post-harvest: occurred before point of final prep/sale, but point unknown

Contamination Factors:

If no contamination factor available to enter, please select reason:

- N/A (does not apply to etiologic agent) Unknown None identified

Factor code	Factor	Source(s)	
C1	<input type="checkbox"/> Toxin or chemical agent naturally part of tissue in food (e.g., ciguatera, scombroid, mushroom poisoning)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C2	<input type="checkbox"/> Poisonous substance or infectious agent intentionally added to food to cause illness (does not include injury)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C3	<input type="checkbox"/> Poisonous substance accidentally/inadvertently added to food (e.g., cleaning compound or metallic ingredients accidentally added to food)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C4	<input type="checkbox"/> Ingredients toxic in large amounts accidentally added to food (e.g., niacin poisoning in bread, nitrites in cured meat)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C5	<input type="checkbox"/> Container or equipment used to hold or convey food was made with toxic substances (e.g., galvanized container used to store acidic food/beverage, flour stored in container that previously held toxic materials)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C6	<input type="checkbox"/> Food contaminated by animal or environmental source at point of final preparation/sale (restaurant, private home, grocery store, etc.) (e.g., mouse feces in pantry, leaking roof in restaurant)	<input type="checkbox"/> Point of Final Prep/Sale	
C7	<input type="checkbox"/> Food contaminated by animal or environmental source before arriving at point of final preparation (pre or post-harvest) (e.g., shellfish from polluted waters, crops contaminated by irrigation water, Salmonella in eggs, peanut butter in processing plant)	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Post-Harvest	<input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C8	<input type="checkbox"/> Cross-contamination of foods, excluding infectious food workers/handlers (e.g., contamination of vehicle via contaminated surface, food, or fomites including, but not limited to, worker's hand, cutting board, preparation table, utensils, processing line)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C9	<input type="checkbox"/> Contamination from infectious food worker/handler through bare-hand contact with food	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C10	<input type="checkbox"/> Contamination from infectious food worker/handler through gloved-hand contact with food	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C11	<input type="checkbox"/> Contamination from infectious food worker/handler through unknown type of hand contact with food or indirect contact with food (e.g., contact with utensils in food)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C12	<input type="checkbox"/> Contamination from infectious non-food worker/handler through direct or indirect contact with food (e.g., contact with utensils in food)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C13	<input type="checkbox"/> Other source of contamination (specify): _____	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest

Proliferation Factors: Bacterial and fungal outbreaks only

If no proliferation factor available to enter, select reason:

 N/A (does not apply to etiologic agent)
 Unknown
 None identified

Factor code	Factor	Source(s)
P1	<input type="checkbox"/> Allowing foods to remain out of temperature control for a prolonged period of time during preparation (e.g., lengthy preparation time, allowing frozen foods to thaw at room temperature)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P2	<input type="checkbox"/> Allowing foods to remain out of temperature control for a prolonged period of time during food service or display (e.g., during buffet line)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P3	<input type="checkbox"/> Inadequate cold holding temperature due to malfunctioning refrigeration equipment	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P4	<input type="checkbox"/> Inadequate cold holding temperature due to an improper practice (e.g., overloaded refrigerator/cooler, storing food above fill line)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P5	<input type="checkbox"/> Inadequate hot holding temperature due to malfunctioning equipment	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P6	<input type="checkbox"/> Inadequate hot holding temperature due to an improper practice (e.g., steam table not turned on, overloaded hot holder/crockpot used to heat or reheat food)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P7	<input type="checkbox"/> Improper cooling of food (e.g., food refrigerated in large quantities during cooling process)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P8	<input type="checkbox"/> Extended refrigeration of food for an unsafe amount of time, relative to the food product and pathogen (e.g., Listeria growth after refrigeration of deli meat for more than 7 days)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P9	<input type="checkbox"/> Inadequate Reduced Oxygen Packaging (ROP) of food (e.g., vacuum-packed fish, salad in gas-flushed bag, garlic packaged in oil)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P10	<input type="checkbox"/> Inadequate non-temperature dependent processes (e.g., acidification, water activity, fermentation) applied to a food to prevent pathogens from multiplying	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P11	<input type="checkbox"/> Other situations that promoted or allowed microbial growth or toxic production (specify): _____	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest

Survival Factors: Bacterial, viral, parasitic, and fungal outbreaks only

If no survival factor available to enter, select reason:

 N/A (does not apply to etiologic agent)
 Unknown
 None identified

Factor code	Factor	Source(s)
S1	<input type="checkbox"/> Inadequate time and temperature control during initial cooking/thermal processing of food (e.g., inadequate pasteurization of milk, inadequate cooking of meats/poultry prior to service)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
S2	<input type="checkbox"/> Inadequate time and temperature control during reheating of food (e.g., insufficient reheating of sauces)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
S3	<input type="checkbox"/> Inadequate time and temperature control during freezing of food designed for pathogen destruction	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
S4	<input type="checkbox"/> Inadequate non-temperature dependent processes (e.g., acidification, water activity, fermentation) applied to food to prevent pathogen from surviving	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest

Factor code	Factor	Source(s)	
S5	<input type="checkbox"/> No attempt was made to inactivate the contaminant through initial cooking/thermal processing, freezing, or chemical processes	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
S6	<input type="checkbox"/> Other process failures that permit pathogen survival (<i>specify</i>): _____	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest

Food Contributing Factors Remarks:

Traceback & Recall *Complete for food outbreaks*

Traceback Investigation *Include all traceback points that played a role in the contamination of the implicated vehicle or helped amplify or spread the contaminant, and any details regarding the implicated point of service/sale*

Traceback point(s)	1	2	3
Company name			
Company type <i>Description of implicated company (e.g., restaurant, retailer, farm, breeder, supplier/distributor, manufacturer, processor, producer, etc.)</i>			
Country			
State			
Traceback findings <i>Select all that apply from list in Appendix E</i>			

What federal agencies were involved in the traceback investigation? (*Select all that apply*)

CDC FDA USDA/APHIS USDA/FSIS Other (*specify*): _____ None

Recall

Food product was recalled

Exact item(s) recalled: _____

Link to official recall announcement(s): _____

Comments:

Outbreak Detection & Investigation Methods

Outbreak Detection — How was the outbreak initially detected? *Select all that apply*

- | | |
|---|---|
| <input type="checkbox"/> Public complaint to health department | <input type="checkbox"/> Notification from other CDC group |
| <input type="checkbox"/> Routine public health surveillance interview | <input type="checkbox"/> Notification from other public health lab |
| <input type="checkbox"/> Notification from facility
<i>(e.g., long-term care facility, school, prison, restaurant)</i> | <input type="checkbox"/> Website or social media <i>(e.g., Twitter, Yelp, Facebook)</i> |
| <input type="checkbox"/> Healthcare provider report | <input type="checkbox"/> Media report from news outlet |
| <input type="checkbox"/> Notification from CDC lab system <i>(e.g., PulseNet)</i> | <input type="checkbox"/> Other <i>(specify):</i>
_____ |

Investigation Methods *Select all that apply*

Epidemiologic

- Binomial probability assessment
- Case-control study
- Case-case study
- Cohort study
- Interviews only of ill persons
- Other *(specify):*

Environmental

- Food preparation review
- Water system assessment: drinking water
- Water system assessment: non-potable water
- Treated or untreated recreational water venue assessment
- Environmental, food, water, animal, or sample testing
- Other *(specify):*

Traceback

- Food, animal, or water investigation
- Consumer purchase records *(e.g., shopper card)*
- Investigation at distributor, supplier, or production facilities *(e.g., factory, treatment plant)*
- Investigation at original source *(e.g., farm, water source)*
- Other *(specify):*

Investigation methods comments

Other Linked CDC Systems

NEARS

NEARS Evaluation ID 1. _____ 2. _____ 3. _____ 4. _____

OHHABS

OHHABS ID 1. _____ 2. _____

Interventions

1. Were any interventions recommended or implemented to help stop the outbreak? Yes No Unknown

a. If no, explain why none were recommended or implemented.

b. If yes, what type(s) of interventions were recommended or implemented to help stop the outbreak? *Select all that apply in the table below using list in Appendix E.*

Directions:

Intervention Type

Any intervention type can be selected for any mode of transmission regardless of the header listed for each table below.

Any Point of Intervention OR Point of Exposure

Complete for all modes of transmission. For animal contact, foodborne, and indeterminate/unknown outbreaks, enter interventions at the point of exposure in the “**Any Point of Intervention OR Point of Exposure**” column.

Recommended or implemented at other points of intervention

Complete only for animal contact, foodborne, and indeterminate/unknown outbreaks for columns:

- **Point of distribution**
- **Point of processing**
- **Source**

Facility/site/venue and equipment – Recommended and Implemented Interventions

Intervention type	Any Point of Intervention OR Point of Exposure <i>(Complete for all modes of transmission. For animal contact, foodborne, and indeterminate/unknown outbreaks, enter interventions at the point of exposure)</i>	Point of distribution* <i>(e.g., shipping facility, transportation equipment)</i>	Point of processing* <i>(e.g., pasteurization plant)</i>	Source* <i>(e.g., farm)</i>
Facility/site/venue closed <i>(for at least 1 day)</i>				
Facility/site/venue closed <1 day or partially closed				
Cleaning protocol modified				
Facility/site/venue deep cleaned				
Equipment deep cleaned				
Equipment acquired, adjusted, repaired, replaced, or discarded				
Facility/site/venue physically or structurally modified				
Health promotion signage posted				
Personal protective equipment provided by facility				

*Complete for animal contact, foodborne, and indeterminate/unknown outbreaks

People – Recommended and Implemented Interventions

Intervention type	Any Point of Intervention OR Point of Exposure <i>(Complete for all modes of transmission. For animal contact, foodborne, and indeterminate/unknown outbreaks, enter interventions at the point of exposure)</i>	Point of distribution* <i>(e.g., shipping facility, transportation equipment)</i>	Point of processing* <i>(e.g., pasteurization plant)</i>	Source* <i>(e.g., farm)</i>
Ill workers excluded				
Ill workers restricted				
Ill children or persons excluded				
Ward(s) closed to new admissions				
Visitors excluded				
Asymptomatic persons' stools screened <i>(e.g., for exclusion)</i>				
Ill persons' stools screened <i>(e.g., for exclusion)</i>				
Vaccination or prophylaxis				
Isolation/quarantine/cohorting				
Education/training <i>(e.g., hand washing, certification)</i>				

*Complete for animal contact, foodborne, and indeterminate/unknown outbreaks

Animals– Recommended and Implemented Interventions

Intervention type	Any Point of Intervention OR Point of Exposure <i>(Complete for all modes of transmission. For animal contact, foodborne, and indeterminate/unknown outbreaks, enter interventions at the point of exposure)</i>	Point of distribution* <i>(e.g., shipping facility, transportation equipment)</i>	Point of processing* <i>(e.g., pasteurization plant)</i>	Source* <i>(e.g., farm)</i>
Animal(s) quarantined or movement stopped				
Animal(s) relocated				
Herd culled				
Vaccination or prophylaxis				

*Complete for animal contact, foodborne, and indeterminate/unknown outbreaks

Food – Recommended and Implemented Interventions

Intervention type	Any Point of Intervention OR Point of Exposure <i>(Complete for all modes of transmission. For animal contact, foodborne, and indeterminate/unknown outbreaks, enter interventions at the point of exposure)</i>	Point of distribution* <i>(e.g., shipping facility, transportation equipment)</i>	Point of processing* <i>(e.g., pasteurization plant)</i>	Source* <i>(e.g., farm)</i>
Menu modified				
Food preparation processes modified				
Self-service discontinued				
Food withdrawn (before recall)				
Food discarded				
Food embargoed				
Food source modified <i>(e.g., vendor)</i>				

*Complete for animal contact, foodborne, and indeterminate/unknown outbreaks

Water – Recommended and Implemented Interventions

Intervention type	Any Point of Intervention OR Point of Exposure <i>(Complete for all modes of transmission. For animal contact, foodborne, and indeterminate/unknown outbreaks, enter interventions at the point of exposure)</i>	Point of distribution* <i>(e.g., shipping facility, transportation equipment)</i>	Point of processing* <i>(e.g., pasteurization plant)</i>	Source* <i>(e.g., farm)</i>
Water restrictions issued				
Water advisory issued <i>(e.g., drinking, swimming)</i>				
Water chemically treated <i>(e.g., hyperchlorination, secondary disinfection)</i>				
Water filtered				
Water system superheated				
Water system flushed				

*Complete for animal contact, foodborne, and indeterminate/unknown outbreaks

Other – Recommended and Implemented Interventions

Intervention type	Any Point of Intervention OR Point of Exposure <i>(Complete for all modes of transmission. For animal contact, foodborne, and indeterminate/unknown outbreaks, enter interventions at the point of exposure)</i>	Point of distribution* <i>(e.g., shipping facility, transportation equipment)</i>	Point of processing* <i>(e.g., pasteurization plant)</i>	Source* <i>(e.g., farm)</i>
Other (specify): _____				
Other (specify): _____				
Other (specify): _____				

*Complete for animal contact, foodborne, and indeterminate/unknown outbreaks

2. Were any public communications released for this outbreak? (e.g., press release or outbreak notice) Yes No Unknown

If yes, by what group(s)? (Select all that apply)

- State/local/territorial health department
- Other state/local/territorial government agency (specify): _____
- Federal government
- Industry
- Facility
- Other (specify): _____

Remarks about interventions

Remarks

General Remarks Briefly describe any important aspects of the outbreak not covered above, including links to communications or publications.

**Please attach summaries or add links to relevant publications.
Thank you for completing this form. These data will help us prevent illnesses.**