



# 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:**

<b>CDC ID (CDC use only)</b>	<b>State ID (Central office use)</b>

## Primary Mode of Transmission *Select one (required)*

- Person-to-person
- Indeterminate/Unknown

## 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)
- Tribal land (within census bureau boundaries)
- National park
- 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 ( <i>required</i> )	#

Sex <i>Number or percent of the primary cases</i>	Number	Percent
Male	#	
Female	#	
Unknown sex	#	

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 person-to-person and indeterminate/unknown outbreaks, did any primary case-patient travel for at least one night away from the primary residence:

- Domestically?\*       Yes    No    Unknown    N/A  
 Internationally?†    Yes    No    Unknown    N/A

\*This includes travel to a different city, state, or territory in the United States

†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*

**Secondary Case Counts**

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

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

**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
- 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

From how many persons (including food workers)? \_\_\_\_\_

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

## Settings

**Setting(s) of Exposure: Person-to-Person, and Indeterminate/Unknown**

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:****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 \_\_\_\_\_

**Attack Rates** *Complete for person-to-person and indeterminate/unknown outbreaks that occurred in a single setting only*

Group	Estimated # exposed*	Estimated # ill	Crude attack rate [(estimated # ill / estimated # exposed) x 100]
Residents, guests, attendees, patients, etc.	#	#	
Staff, crew, etc.	#	#	

\*e.g., number of persons who attended, or were residents in nursing home, or were on affected ward

## 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<br><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

## 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**

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

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

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

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

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

Food embargoed				
Food source modified (e.g., vendor)				

**Water – Recommended and Implemented Interventions**

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

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

**Other – Recommended and Implemented Interventions**

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