NATIONAL OUTBREAK REPORTING SYSTEM

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General

National Outbreak Reporting System

Foodborne Disease Transmission, Person-to-Person Disease Transmission, Animal Contact, Environmental Contamination, Unknown Transmission Mode

This form is used to report investigations of foodborne disease outbreaks and enteric disease outbreaks transmitted by contact with persons, animals, or environmental sources, or by an unknown mode of transmission. This form has 5 sections, General, Etiology, Settings, Animal Contact, and Food, as indicated by tabs at the top of each page. Complete the General and Etiology tabs for all modes of transmission and complete additional sections as indicated by the mode of transmission. ***Please complete as much as possible of all applicable sections.***

CDC USE ONLY

CDC ID	State ID
278162	2017-571

Form Approved
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General Section – complete for all modes of transmission except water

Primary Mode of Transmission *(Check one)*

- ☑ Food *(complete General, Etiology, and Food tabs)*
- ☐ Water *(complete CDC 52.12)*
- ☐ Animal contact *(complete General, Etiology, and Animal Contact tabs)*
- ☐ Person-to-person *(complete General, Etiology, and Settings tabs)*
- ☐ Environmental contamination other than food/water *(complete General, Etiology, and Settings tabs)*
- ☐ Other/Unknown *(complete General, Etiology, and Settings tabs)*

Investigation Methods *(Check all that apply)*

- ☑ Interviews only of ill persons
- ☐ Case-control study
- ☐ Cohort study
- ☑ Food preparation review
- ☐ Water system assessment: Drinking water
- ☐ Water system assessment: Nonpotable water
- ☐ Treated or untreated recreational water venue assessment
- ☐ Investigation at factory/production/treatment plant
- ☐ Investigation at original source *(e.g., farm, water source, etc.)*
- ☐ Food product or bottled water traceback
- ☐ Environment/food/water sample testing
- ☐ Other

Comments

Dates *(mm/dd/yyyy)*

Date first case became ill *(required)* 10/17/2017
Date last case became ill 10/25/2017
Date of initial exposure 10/16/2017
Date of last exposure 10/24/2017
Date of report to CDC *(other than this form)* _____
Date of notification to State/Territory or Local/Tribal Health Authorities 10/18/2017

Geographic Location

Exposure state: Washington

- ☐ Exposure occurred in multiple states
- ☐ Exposure occurred in a single state, but cases resided in another state or multiple states

Other states: _____

(For multistate exposure or multistate residency outbreaks, enter the case count for each state)

Exposure county: King

- ☐ Exposure occurred in multiple counties in exposure state
- ☐ Exposure occurred in a single county, but cases resided in another county or multiple counties

Other counties: _____

City/Town/Place of exposure: Seattle

(Do not include proprietary or private facility names)

Primary Cases

Number of primary cases		Sex *(Number or percent of the primary cases)*		
Lab-confirmed primary cases	0 #	Male	1 #	50.00 %
Probable primary cases	2 #	Female	1 #	50.00 %
Estimated total primary cases	2 #	Unknown	#	0.00 %

Primary case outcomes	# Cases	Total # of cases for whom info is available	Age *(Number or percent of the primary cases)*					
Died	0 #	2 #	<1 year	#	0.00 %	20–49 years	1 #	50.00 %
Hospitalized	0 #	2 #	1–4 years	#	0.00 %	50–74 years	1 #	50.00 %
Visited Emergency Room	0 #	2 #	5–9 years	#	0.00 %	≥ 75 years	#	0.00 %
Visited health care provider (excluding ER visits)	0 #	2 #	10–19 years	#	0.00 %	Unknown	#	0.00 %

General

Incubation Period, Duration of Illness, Signs or Symptoms for Primary Cases Only

Incubation Period *(Select appropriate units)*			**Duration of Illness** *(Among recovered cases-select appropriate units)*		
Shortest	14	**Min, Hours, Days**	Shortest		**Min, Hours, Days**
Median		**Min, Hours, Days**	Median		**Min, Hours, Days**
Longest	19	**Min, Hours, Days**	Longest		**Min, Hours, Days**
Total # of cases for whom info is available			Total # of cases for whom info is available		
☐ Unknown incubation period			☑ Unknown duration of illness		

Signs or Symptoms *(*Refer to terms from appendix E, if appropriate, to describe other common characteristics of cases.)*

Sign or symptom	# cases with signs or symptoms	Total # cases for whom info is available
Vomiting	2	2
Diarrhea	2	2
Bloody stools	0	2
Fever	1	2
Abdominal cramps	2	2
HUS	0	2
*		
*		
*		
*		

Secondary Cases

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

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

Number of secondary cases		
Lab-confirmed secondary cases	0	#
Probable secondary cases	1	#
Estimated total secondary cases	1	#
Estimated total cases (Primary + Secondary)	3	#

Other CDC System IDs *(If applicable)*

NEARS ID: 1) 13822 2)_____ 3)_____ 4)_____

OHHABS ID: 1)_____ 2)_____

Traceback *(For food and bottled water only, not public water)*

☐ Please check if traceback conducted

Source name *(if publicly available)*	**Source type** *(e.g., poultry farm, tomato processing plant, bottled water factory)*	**Location of source**		**Traceback comments**
		State	Country	

Recall

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

Type of item recalled: _____

Comments: _____

Reporting Agency

Reporting site: Washington

Agency name: WA State Dept of Health

Contact name: Goldoft, Marcia

Contact title: Epidemiologist

E-mail: marcia.goldoft@doh.wa.gov

Phone #: 206-418-5500

Fax #: 206-418-5515

General Remarks ***Briefly describe important aspects of the outbreak not covered above. Please indicate if any adverse outcomes occurred in special populations (e.g., pregnant women, immunocompromised persons)***

Illness duration 2-3 days, separate meal parties with take-out. Owner decided to permanently close restaurant at time of EH site visit.

Etiology

Etiology Section – complete for all modes of transmission except water

Clinical and Environmental Testing

1. Were any samples collected and tested? ☐ Yes ☑ No ☐ Unknown *(If no or unknown, skip to Q6)*

2. How many samples of each type were tested?

Type of sample	Tested? (yes/no/unknown)	Number of samples tested
Human specimen		
Animal specimen		
Food		
Water		
Other environmental *(specify in general remarks)*		

3. What were they tested for? *(check all that apply)*
- ☐ Bacteria (or bacterial toxins)
- ☐ Viruses
- ☐ Parasites
- ☐ Chemicals/Toxins
- ☐ Unknown

4. Test types *(select all test types used for clinical specimens)*
- ☐ Chemical testing
- ☐ Culture
- ☐ DNA or RNA Amplification/Detection *(e.g., PCR, RT-PCR)*
- ☐ Microscopy *(e.g., Fluorescent, EM)*
- ☐ Serological/immunological test *(e.g., EIA, ELISA)*
- ☐ Tissue culture infectivity assay
- ☐ Other *(specify in general remarks)*
- ☐ Unknown

5. Was antimicrobial susceptibility testing (AST) performed? ☐ Yes ☐ No ☐ Unknown
If yes, where was AST performed? ☐ Clinical lab ☐ Public health lab ☐ CDC-NARMS ☐ Other ☐ Unknown
If yes, were any antimicrobial resistant isolates associated with the outbreak? ☐ Yes ☐ No ☐ Unknown

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

*See http://www.cdc.gov/foodsafety/outbreaks/investigating-outbreaks/confirming_diagnosis.html

Etiology

(Name the bacterium, chemical/toxin, virus, or parasite. If available, include the serotype and other characteristics such as phage type, virulence factors, and metabolic profile.)

Genus	Species	Serotype/genotype	Other characteristics	Etiology confirmed or suspected	# of lab-confirmed cases	Detected in~
Norovirus				Suspected	0	

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

Isolates/Strains

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

CDC system	State lab ID/ Accession ID/ CaliciNet key/ PulseNet Key	CDC PulseNet cluster code or CaliciNet outbreak number	CDC PulseNet pattern designation for enzyme 1	CDC PulseNet pattern designation for enzyme 2	CaliciNet sequenced region/whole genome sequencing ID	CaliciNet genotype/ other molecular designation

Settings Section – complete for person-to-person, environmental contamination, and other/unknown primary mode of transmission

Major Setting of Exposure *(choose one)*

☐ Camp
☐ Child day care
☐ Event space
☐ Festival/fair
☐ Hospital
☐ Hotel/motel
☐ Long-term care/nursing home/assisted living facility
☐ Office/indoor workplace
☐ Other healthcare facility
☐ Other *(specify)*
☐ Prison/jail
☐ Private home/residence
☐ Religious facility
☐ Restaurant
☐ School/college/university
☐ Shelter/group home/transitional housing
☐ Ship/boat
☐ Unknown

Specify setting _____

Attack Rates for Major Setting of Exposure

Group *(based on setting)*	**Estimated exposed in major setting***	**Estimated ill in major setting**	**Crude attack rate** *[(estimated ill / estimated exposed) x 100]*
Residents, guests, passengers, patients, etc.			
Staff, crew, etc.			

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

Other Settings of Exposure *(choose all that apply)*

☐ Camp
☐ Child day care
☐ Event space
☐ Festival/fair
☐ Hospital
☐ Hotel/motel
☐ Long-term care/nursing home/assisted living facility
☐ Office/indoor workplace
☐ Other healthcare facility
☐ Other *(specify)*
☐ Prison/jail
☐ Private home/residence
☐ Religious facility
☐ Restaurant
☐ School/college/university
☐ Shelter/group home/transitional housing
☐ Ship/boat
☐ Unknown

Specify setting _____

Additional *Shigella* Questions *(Complete this section for* Shigella *outbreaks)*

1. Did any case-patients report travel prior to illness onset? ☐ Yes ☐ No ☐ Unknown
If **yes**, was travel international, domestic, or both? ☐ International ☐ Domestic ☐ Both ☐ Unknown

2. Were any confirmed, suspected, or probable case-patients immunocompromised *(e.g., HIV/AIDS)*? ☐ Yes ☐ No ☐ Unknown

3. Were there any confirmed, suspected, or probable cases among men who have sex with men? ☐ Yes ☐ No ☐ Unknown

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

☐ Animal vehicle undetermined

Reason(s) animal contact, but undetermined vehicle *(enter all that apply from list in appendix E)*: _____

Animal	**1**	**2**	**3**
Animal Type *(select from list in appendix E)*			
Animal Type *(specify)*			
Confirmed or suspected vehicle			
Reason(s) confirmed or suspected *(enter all that apply from list in appendix E)*			

1. Settings of exposure *(check all that apply)*

☐ Agricultural feed store
☐ Animal shelter or sanctuary
☐ Camp
☐ Child day care
☐ Farm/dairy
☐ Festival or fair
☐ Hospital
☐ Laboratory
☐ Live animal market
☐ Long-term care/nursing home/assisted living facility
☐ Pet store or other retail location
☐ Petting zoo
☐ Prison/jail
☐ Private home/residence
☐ School/college/university
☐ Veterinary clinic
☐ Zoo or animal exhibit
☐ Other *(specify*)*
☐ Unknown

2. Was pet food or animal feed implicated as a potential source of the outbreak? ☐ Yes ☐ No ☐ Unknown

If yes, please specify:

☐ Prepackaged pet food
☐ Pet treats or chews
☐ Homemade pet food
☐ Commercially prepared 'raw' pet food
☐ Frozen or fresh feeder rodents
☐ Blended feed
☐ Other *(specify*)*
☐ Unknown

3. Did any cases have exposure to livestock or household pets that were experiencing diarrhea?
☐ Yes ☐ No ☐ Unknown

4. Was the "Compendium of Measures to Prevent Disease Associated with Animals in Public Settings" used in the investigation? ☐ Yes ☐ No ☐ Unknown

5. What prevention measures or recommendations were used to stop the outbreak and prevent additional infections? *(check all that apply)*

☐ Handwashing
☐ Quarantine/stop movement
☐ Venue or event closure
☐ Removal of animals from setting
☐ None
☐ Other *(specify*)*
☐ Unknown

Animal contact remarks *(*If "Other" was chosen, specify here)*:

Food Section – complete for foodborne primary mode of transmission

☑ Food vehicle undetermined Reason(s) foodborne, but undetermined vehicle *(enter all that apply from list in appendix E)*: 1, 3

Food	1	2	3
Name of food *(excluding any preparation)*			
Confirmed or suspected vehicle			
Reason(s) confirmed or suspected *(enter all that apply from list in appendix E)*			
Ingredient(s) *(enter all that apply)*			
Contaminated ingredient(s) *(enter all that apply)*			
Total # of cases exposed to implicated food			
Method of processing *(enter all that apply from list in appendix E)*			
Method of preparation *(select one from list in appendix E)*			
Level of preparation *(select one from list in appendix E)*			
Contaminated food imported to US?	☐ Yes, country _____ ☐ Yes, unknown ☐ No ☐ Unknown	☐ Yes, country _____ ☐ Yes, unknown ☐ No ☐ Unknown	☐ Yes, country _____ ☐ Yes, unknown ☐ No ☐ Unknown
Was product *both* produced under domestic regulatory oversight *and* sold?	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

Location where food was prepared *(check all that apply)*		**Location of exposure (where food was eaten)** *(check all that apply)*	
☐ **Banquet facility** *(food prepared and served on-site)*	☐ **Other healthcare facility**	☐ **Banquet facility** *(food prepared and served on-site)*	☐ **Other healthcare facility**
☐ **Camp**	☐ **Prison/jail**	☐ **Camp**	☐ **Prison/jail**
☐ **Caterer** *(food prepared off-site from where served)*	☐ **Private home/residence**	☐ **Caterer** *(food prepared off-site from where served)*	☑ **Private home/residence**
☐ **Child day care**	☐ **Religious facility**	☐ **Child day care**	☐ **Religious facility**
☐ **Fair, festival, other temporary or mobile services**	☐ **Restaurant- Buffet**	☐ **Fair, festival, other temporary or mobile services**	☐ **Restaurant – Buffet**
☐ **Farm/dairy**	☐ **Restaurant – 'Fast-food'** *(drive up service or pay at counter)*	☐ **Farm/dairy**	☐ **Restaurant – 'Fast-food'** *(drive up service or pay at counter)*
☐ **Grocery store**	☐ **Restaurant – Other or unknown type**	☐ **Grocery store**	☐ **Restaurant – Other or unknown type**
☐ **Hospital**	☑ **Restaurant – Sit-down dining**	☐ **Hospital**	☐ **Restaurant – Sit-down dining**
☐ **Hotel/motel**	☐ **School/college/university**	☐ **Hotel/motel**	☐ **School/college/university**
☐ **Long-term care/nursing home/ assisted living facility**	☐ **Ship/boat**	☐ **Long-term care/nursing home/ assisted living facility**	☐ **Ship/boat**
☐ **Office/indoor workplace**	☐ **Unknown**	☐ **Office/indoor workplace**	☐ **Unknown**
☐ **Other** *(specify in 'where prepared remarks')*		☐ **Other** *(specify in 'where eaten remarks')*	
Where prepared remarks:		**Where eaten remarks:**	

Was there a kitchen manager certified in food safety at the location of preparation? ☐ Yes ☐ No ☐ Unknown

Contributing Factors *(check all that contributed to this outbreak)*

☑ Contributing factors unknown

Contamination factor

☐ C1 ☐ C2 ☐ C3 ☐ C4 ☐ C5 ☐ C6 ☐ C7 ☐ C8 ☐ C9 ☐ C10 ☐ C11 ☐ C12 ☐ C13 ☐ C14 ☐ C15 ☐ C-N/A

Proliferation/amplification factor *(bacterial outbreaks only)*

☐ P1 ☐ P2 ☐ P3 ☐ P4 ☐ P5 ☐ P6 ☐ P7 ☐ P8 ☐ P9 ☐ P10 ☐ P11 ☐ P12 ☐ P-N/A

Survival factor

☐ S1 ☐ S2 ☐ S3 ☐ S4 ☐ S5 ☐ S-N/A

Confirmed or Suspected Point of Contamination *(check one)*

☐ Before preparation ☑ Preparation ☐ Unknown
If 'before preparation': ☐ Pre-Harvest ☐ Processing ☐ Unknown

Reason suspected *(check all that apply)*

☑ Environmental evidence ☐ Laboratory evidence
☑ Epidemiologic evidence ☑ Prior experience makes this a likely source

Was food-worker implicated as the source of contamination?

☐ Yes ☑ No ☐ Unknown

If yes, please check only one of the following:

☐ Laboratory and epidemiologic evidence
☐ Laboratory evidence
☐ Epidemiologic evidence
☐ Prior experience makes this a likely source

School Questions

(Complete this section only if "school" is checked in either sections "Location where food was prepared" or "Location of exposure (where food was eaten)").

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

☐ Single ☐ Multiple (number of schools:_____)

2. School characteristics *(for all involved students in all involved schools)*

a. Total approximate enrollment: _____ *(number of students)* ☐ Unknown or undetermined

b. Grade level(s)

☐ Grade school *(grades K-12)*
Please check all grades affected: ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th
☐ College/university/technical school
☐ Unknown or undetermined

c. Primary funding of involved schools

☐ Public ☐ Private ☐ Unknown

3. Describe the preparation of the implicated item:
(check all that apply)

☐ Heat and serve *(item mostly prepared or cooked off-site, reheated on-site)*
☐ Served a-la-carte
☐ Serve only *(preheated or served cold)*
☐ Cooked on-site using primary ingredients
☐ Provided by a food service management company
☐ Provided by a fast-food vendor
☐ Provided by a pre-plate company
☐ Part of a club or fundraising event
☐ Made in the classroom
☐ Brought by a student/teacher/parent
☐ Other *(specify in General Remarks)*
☐ Unknown or undetermined

4. How many times has the state, county or local health department inspected this school cafeteria or kitchen in the 12 months before the outbreak?*

☐ Once
☐ Twice
☐ More than two times
☐ Not inspected
☐ Unknown or undetermined

**If multiple schools are involved, please answer for the school with the most cases.*

5. Does the school have a HACCP plan in place for the school feeding program?*

☐ Yes
☐ No
☐ Unknown or undetermined

**If multiple schools are involved, please answer for the school with the most cases.*

6. Was implicated food item provided to the school through the National School Lunch/Breakfast Program?

☐ Yes
☐ No
☐ Unknown or undetermined

If **yes**, was the implicated food item donated/purchased by:

☐ USDA through the Commodity Distribution Program
☐ The state/school authority
☐ Other *(specify in General Remarks)*
☐ Unknown or undetermined

Ground Beef

1. What percentage of ill persons, for whom information is available, ate ground beef raw or undercooked? _____ %

2. Was ground beef case-ready?

☐ Yes ☐ No ☐ Unknown

(Case-ready ground beef is meat that comes from a manufacturer packaged for sale that is not altered or repackaged by the retailer.)

3. Was the beef ground or reground by the retailer?

☐ Yes ☐ No ☐ Unknown

If yes, was anything added to the beef during grinding *(e.g., shop trim or any product to alter the fat content)*?: _____

Eggs

1. **Were eggs** *(check all that apply)*

☐ in shell, unpasteurized
☐ in shell, pasteurized
☐ packaged liquid or dry
☐ stored with inadequate refrigeration during or after sale
☐ consumed raw
☐ consumed undercooked
☐ pooled

2. **Was *Salmonella* Enteritidis found on the farm?**

☐ Yes ☐ No ☐ Unknown

Egg comment

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

_____