



Fax completed form to DOH
Communicable Disease
Epidemiology
Fax: 206-364-1060

Date of initial notification to DOH:

___ / ___ / ___

LHJ Cluster #: _____

LHJ Cluster Name: _____

Date report sent to DOH:

___ / ___ / ___

DOH outbreak #: _____

NORS #: _____

Outbreak Reporting Form – Enteric

DISEASE

- ☐ Bacterial: _____
- ☐ Viral: _____
- ☐ Parasitic: _____
- ☐ Other: _____
- ☐ Unknown

PRIMARY MODE OF TRANSMISSION

- ☐ Food
- ☐ Animal contact

Use "Outbreak Reporting Form – Water" if transmission was waterborne.

Use "Outbreak Reporting Form – Other" if transmission was person-to-person, environmental contamination, other, or unknown.

PLACE OF EXPOSURE (e.g., establishment, facility)

Name: _____ City: _____

REPORTING AGENCY INFORMATION

Local health jurisdiction (LHJ): _____

Contact person: _____

Contact person phone: (____) ____ - _____

Lead agency: _____

Initial LHJ notification date & time: ___/___/___ ____ am/pm

Notified by: _____
(e.g., Report from school, daycare, lab, etc.)

Investigation start date & time: ___/___/___ ____ am/pm

Investigation completion date: ___/___/___

PUBLIC HEALTH ACTIONS AND CONTROL MEASURES

- ☐ Health education information provided to cases and contacts
- ☐ Cases evaluated for sensitive occupations or situations and excluded during contagious period if necessary
- ☐ Other: _____

DISCUSSION / CONCLUSION

DOH ONLY

Briefly summarize the findings of this outbreak investigation.

If applicable, attach further information about investigative activities and tools (e.g., epidemic curves, questionnaires, case definitions).

☐ EH Field Investigation Form (Part 2) attached, if relevant ☐ EH Inspection Reporting Form (Red/Blue Form) attached, if relevant ☐ Supporting documentation attached, if relevant

INSTRUCTIONS

- Complete the sections above and the CDC National Outbreak Reporting System (NORS), attached or at <https://www.cdc.gov/nors/forms.html>.
- All diseases: Skip NORS page 2's second half (Other CDC System IDs through Reporting Agency), except for General Remarks.
- Zoonotic: Skip NORS page 4's first half and all of pages 5-7.
- Foodborne: Skip NORS page 4 and the final sections on Schools, Ground Beef, and Eggs, unless these were involved in the outbreak. Food-related fields and contributing factors: Code descriptions are on page two of this cover sheet.

NORS DEFINITIONS AND CODE DESCRIPTIONS (for Foodborne Transmission)

FOOD SECTION, page 5: FOOD-SPECIFIC CODES

Reason(s) foodborne, but undetermined vehicle

AND

Reason(s) confirmed or suspected:

- 1 – Epidemiological
- 2 – Laboratory (e.g., identification of agent in food, restaurant, etc.)
- 3 – Traceback and/or environmental investigation (e.g., shopper records)
- 4 – Other data; specify in General Remarks

Method of processing (Prior to point-of-service: Processor):

- P1 – Pasteurized (e.g., liquid milk, cheese, and juice)
- P2 – Unpasteurized (e.g., liquid milk, cheese, and juice)
- P3 – Shredded or diced produce
- P4 – Pre-packaged (e.g., bagged lettuce or other produce)
- P5 – Irradiation
- P6 – Pre-washed
- P7 – Frozen
- P8 – Canned
- P9 – Acid treatment (e.g., commercial potato salad with vinegar)
- P10 – Pressure treated (e.g., oysters)
- P11 – Unknown
- P12 – Other
- P13 – None

Method of Preparation (At point-of-service: Retail: restaurant, food store):

- R1 – Prepared in the home
- R2 – Ready to eat food: No manual preparation, No cook step (e.g., sliced cheese, pre-packaged deli meats; whole raw fruits; raw oysters, bottled juice)
- R3 – Ready to eat food: Manual preparation (e.g., cutting, chopping), No cook step (e.g., fresh vegetables, cut fresh fruits, chicken salad made from canned chicken, reconstituted juice)
- R4 – Cook and Serve Foods: Immediate service (e.g., soft-cooked eggs, hamburgers)
- R5 – Cook and hot hold prior to service (e.g., fried chicken, soups, hot vegetables, hot dogs, mashed potatoes)
- R6 – Advance preparation: Cook, cool, serve (e.g., sliced roast beef from a whole cooked roast)
- R7 – Advance preparation: Cook, cool, reheat, serve (e.g., lasagna, casseroles, soups, gravies, sauces, chili)
- R8 – Advance preparation: Cook, cool, reheat, hot hold, serve (e.g., chili, refried beans)
- R9 – Advance preparation: Cook-chill and Reduced Oxygen Packaging (ROP) (e.g., sauces, gravies, cheeses, etc. packaged under ROP)
- R10 – Unknown

Level of preparation:

- 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)

CONTRIBUTING FACTORS, page 6

Contamination factors

- C1 Toxic substance part of tissue
- C2 Poisonous substance intentionally/deliberately added
- C3 Poisonous or physical 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 (e.g., hand washing)
- C-N/A Contamination Factors Not Applicable

Proliferation/Amplification Factors

- P1 Food preparation practices that support proliferation of pathogens (during food preparation)
- P2 No attempt was made to control the temperature of implicated food or the length of time food was out of temperature control (during food service or display of food)
- P3 Improper adherence of approved plan to use Time as a Public Health Control
- P4 Improper cold holding due to malfunctioning refrigeration equipment
- P5 Improper cold holding due to an improper procedure or protocol
- P6 Improper hot holding due to malfunctioning equipment
- P7 Improper hot holding due to improper procedure or protocol
- P8 Improper/slow cooling
- P9 Prolonged cold storage
- P10 Inadequate modified atmosphere packaging
- P11 Inadequate processing (acidification, water activity, fermentation)
- P12 Other situations that promoted or allowed microbial growth or toxic production
- P-N/A Proliferation/Amplification Factors - Not Applicable

Survival Factors

- S1 Insufficient time and/or temperature control during initial cooking/heat processing
- S2 Insufficient time and/or temperature during reheating
- S3 Insufficient time/temperature control during freezing
- S4 Insufficient or improper use of chemical processes designed for pathogen destruction
- S5 Other process failures that permit pathogen survival
- S-N/A Survival Factors - Not Applicable

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

Form Approved
OMB No. 0920-0004

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) _____ Date last case became ill _____

Date of initial exposure _____ Date of last exposure _____

Date of report to CDC (other than this form) _____

Date of notification to State/Territory or Local/Tribal Health Authorities _____

Geographic Location

Exposure state: _____

☐ 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: _____

☐ 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: _____

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

General	
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Incubation Period <i>(Select appropriate units)</i>	Duration of Illness <i>(Among recovered cases-select appropriate units)</i>
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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
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[illegible]

Mode of secondary transmission <i>(Check all that apply)</i>	Number of secondary cases
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Other CDC System IDs (If applicable)	
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NEARS ID: 1) _____ 2) _____ 3) _____ 4) _____

OHHABS ID: 1)_____ 2)_____

☐ Please check if traceback conducted

Recall

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

Reporting Agency

Reporting site: _____ E-mail: _____

General Remarks	<i>Briefly describe important aspects of the outbreak not covered above. Please indicate if any adverse outcomes occurred in special</i>
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[illegible]

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~

~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		Animal Contact	
Settings Section – complete for person-to-person, environmental contamination, and other/unknown primary mode of transmission			
Major Setting of Exposure <i>(choose one)</i>			
☐ 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 <i>(specify)</i> ☐ 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 <i>(based on setting)</i>	Estimated exposed in major setting*	Estimated ill in major setting	Crude attack rate <i>[(estimated ill / estimated exposed) x 100]</i>
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 <i>(choose all that apply)</i>			
☐ 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 <i>(specify)</i> ☐ Prison/jail	☐ Private home/residence ☐ Religious facility ☐ Restaurant ☐ School/college/university
☐ Shelter/group home/transitional housing ☐ Ship/boat ☐ Unknown			
Specify setting _____			
Additional Shigella Questions <i>(Complete this section for Shigella outbreaks)</i>			
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 <i>(enter all that apply from list in appendix E):</i>		
	Epidemiologic	Laboratory	Traceback and/or environmental investigation
Animal	1	2	3
Animal Type <i>(select one from list in appendix E)</i>			
Animal Type <i>(specify)</i>			
Confirmed or suspected vehicle			
Reason(s) confirmed or suspected <i>(enter all that apply from list in appendix E)</i>			
1. Settings of exposure <i>(check all that apply)</i> ☐ 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 <i>(specify*)</i> ☐ 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 <i>(specify*)</i> ☐ Unknown	
3. Did any cases have exposure to livestock or household pets that were experiencing diarrhea? ☐ Yes ☐ No ☐ Unknown		5. What prevention measures or recommendations were used to stop the outbreak and prevent additional infections? <i>(check all that apply)</i> ☐ Handwashing ☐ Quarantine/stop movement ☐ Venue or event closure ☐ Removal of animals from setting ☐ None ☐ Other <i>(specify*)</i> ☐ Unknown	
4. Was the "Compendium of Measures to Prevent Disease Associated with Animals in Public Settings" used in the investigation? ☐ Yes ☐ No ☐ Unknown			
Animal contact remarks <i>(*If "Other" was chosen, specify here):</i>			

Food Section – complete for foodborne primary mode of transmission

☐ Food vehicle undetermined	Reason(s) foodborne, but undetermined vehicle <i>(enter all that apply from list in appendix E):</i>		
	Epidemiologic	Laboratory	Traceback and/or environmental investigation Other data
Food	1	2	3
Name of food <i>(excluding any preparation)</i>			
Confirmed or suspected vehicle			
Reason(s) confirmed or suspected <i>(enter all that apply from list in appendix E)</i>			
Ingredient(s) <i>(enter all that apply)</i>			
Contaminated ingredient(s) <i>(enter all that apply)</i>			
Total # of cases exposed to implicated food			
Method of processing <i>(enter all that apply from list in appendix E)</i>			
Method of preparation <i>(select one from list in appendix E)</i>			
Level of preparation <i>(select one from list in appendix E)</i>			
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 <i>both</i> produced under domestic regulatory oversight <i>and</i> sold?	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Location where food was prepared <i>(check all that apply)</i>		Location of exposure (where food was eaten) <i>(check all that apply)</i>	
☐ Banquet facility <i>(food prepared and served on-site)</i>	☐ Other healthcare facility	☐ Banquet facility <i>(food prepared and served on-site)</i>	☐ Other healthcare facility
☐ Camp	☐ Prison/jail	☐ Camp	☐ Prison/jail
☐ Caterer <i>(food prepared off-site from where served)</i>	☐ Private home/residence	☐ Caterer <i>(food prepared off-site from where served)</i>	☐ 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’ <i>(drive up service or pay at counter)</i>	☐ Farm/dairy	☐ Restaurant – ‘Fast-food’ <i>(drive up service or pay at counter)</i>
☐ 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 <i>(specify in ‘where prepared remarks’)</i>		☐ Other <i>(specify in ‘where eaten remarks’)</i>	
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**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 ☐ Epidemiologic evidence
☐ Laboratory evidence ☐ Prior experience makes this a likely source**School Questions**

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

- | | |
|--|---|
| <p>1. Were eggs <i>(check all that apply)</i></p> <p>☐ in shell, unpasteurized</p> <p>☐ in shell, pasteurized</p> <p>☐ packaged liquid or dry</p> <p>☐ stored with inadequate refrigeration during or after sale</p> <p>☐ consumed raw</p> <p>☐ consumed undercooked</p> <p>☐ pooled</p> | <p>2. Was <i>Salmonella</i> Enteritidis found on the farm?</p> <p>☐ Yes ☐ No ☐ Unknown</p> <p>Egg comment
 <i>(e.g., eggs and patients isolates matched by phage type):</i></p> <p>_____</p> |
|--|---|

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA, 30333, ATTN: PRA (0920-0004) <--DO NOT MAIL CASE REPORTS TO THIS ADDRESS-->