

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
|  <p><b>Washington State Department of Health</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Fax completed form to DOH<br>Communicable Disease<br>Epidemiology<br>Fax: 206-364-1060 | Date of initial notification to DOH:<br>____ / ____ / ____<br><br>Date report sent to DOH:<br><u>04/14/2022</u>                                                                                                                                                                                                                                                 | LHJ Cluster #: <u>202260055</u><br><br>LHJ Cluster Name:<br><u>NORO_ROCKWOOD_2022</u><br><br>DOH outbreak #: _____<br><br>NORS #: _____ |
| <h2 style="margin: 0;">Outbreak Reporting Form – Enteric</h2>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |
| <b>DISEASE</b><br><input type="checkbox"/> Bacterial: _____<br><input checked="" type="checkbox"/> Viral: <u>Norovirus</u><br><input type="checkbox"/> Parasitic: _____<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        | <b>PRIMARY MODE OF TRANSMISSION</b><br><input checked="" type="checkbox"/> Food<br><input type="checkbox"/> Animal contact<br><br><small>Use "Outbreak Reporting Form – Water" if transmission was waterborne.<br/>         Use "Outbreak Reporting Form – Other" if transmission was person-to-person, environmental contamination, other, or unknown.</small> |                                                                                                                                         |
| <b>PLACE OF EXPOSURE (e.g., establishment, facility)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |
| Name: <u>Rock Wood Fired Pizza</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        | City: <u>Renton</u>                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |
| <b>REPORTING AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |
| Local health jurisdiction (LHJ): <u>PHSKC</u><br>Contact person: <u>Noel Hatley</u><br>Contact person phone: ( <u>206</u> ) <u>296</u> - <u>4774</u><br>Lead agency: <u>PHSKC</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                        | Initial LHJ notification date & time: <u>02/22/2022</u> ____ am/pm<br>Notified by: <u>Customer Complaint</u><br><small>(e.g., Report from school, daycare, lab, etc.)</small><br>Investigation start date & time: <u>02/22/2022</u> ____ am/pm<br>Investigation completion date: <u>03/04/2022</u>                                                              |                                                                                                                                         |
| <b>PUBLIC HEALTH ACTIONS AND CONTROL MEASURES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |
| <input checked="" type="checkbox"/> Health education information provided to cases and contacts<br><input checked="" type="checkbox"/> Cases evaluated for sensitive occupations or situations and excluded during contagious period if necessary<br><input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |
| <b>DISCUSSION / CONCLUSION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        | <b>DOH ONLY</b>                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |
| Briefly summarize the findings of this outbreak investigation.<br><br><p><b>13 REPORTED ILLS (10 PATRONS FROM 3 MEAL PARTIES &amp; 3 STAFF) WITH NOROVIRUS SYMPTOMS. FIRST ONSET 2/20, LAST ONSET 2/22. RESTAURANT COOPERATIVE CLOSURE FOR CLEANING &amp; DISINFECTION ON 2/23 AND RE-OPENED 2/24 W/ EH APPROVAL. ALL REQUIRED EMPLOYEE GI FORMS RETURNED. PUBLIC DISCLOSURE ON 2/25, UPDATED 3/4. STOOL PCR RESULTS FROM 1 PATRON CONFIRMED NOROVIRUS. NO ENVIRONMENTAL EVIDENCE IDENTIFIED. 3 ILL FOOD WORKERS IDENTIFIED, ALL VICTIMS OF OUTBREAK.</b></p> <p><small>If applicable, attach further information about investigative activities and tools (e.g., epidemic curves, questionnaires, case definitions).</small></p>      |                                                                                        | <div style="border: 1px solid black; height: 150px; width: 100%;"></div>                                                                                                                                                                                                                                                                                        |                                                                                                                                         |
| <input type="checkbox"/> EH Field Investigation Form (Part 2) attached, if relevant <input type="checkbox"/> EH Inspection Reporting Form (Red/Blue Form) attached, if relevant <input type="checkbox"/> Supporting documentation attached, if relevant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |
| <b>INSTRUCTIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |
| <ul style="list-style-type: none"> <li>Complete the sections above and the CDC National Outbreak Reporting System (NORS), attached or at <a href="https://www.cdc.gov/nors/forms.html">https://www.cdc.gov/nors/forms.html</a>.</li> <li>All diseases: Skip NORS page 2's second half (Other CDC System IDs through Reporting Agency), except for General Remarks.</li> <li>Zoonotic: Skip NORS page 4's first half and all of pages 5-7.</li> <li>Foodborne: Skip NORS page 4 and the final sections on Schools, Ground Beef, and Eggs, unless these were involved in the outbreak.</li> </ul> <p style="margin-left: 20px;">Food-related fields and contributing factors: Code descriptions are on page two of this cover sheet.</p> |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |

## 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 meals; 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

## 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

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) 02/20/2022

Date last case became ill 02/22/2022

Date of initial exposure 02/19/2022

Date of last exposure 02/20/2022

Date of report to CDC (other than this form)

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

## 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:

(Do not include proprietary or private facility names)

## Primary Cases

## Number of primary cases

Lab-confirmed primary cases

1 #

## Sex (Number or percent of the primary cases)

Male

4 #

%

Probable primary cases

12 #

Female

8 #

%

Estimated total primary cases

13 #

Unknown

1 #

%

## Primary case outcomes

# Cases

Total # of cases  
for whom info is  
available

## Age (Number or percent of the primary cases)

Died

0 #

13 #

&lt;1 year

#

%

20–49 years

8 #

%

Hospitalized

0 #

13 #

1–4 years

#

%

50–74 years

2 #

%

Visited Emergency Room

1 #

13 #

5–9 years

#

%

≥ 75 years

#

%

Visited health care provider  
(excluding ER visits)

#

#

10–19 years

#

%

Unknown

3 #

%

**General****Incubation Period, Duration of Illness, Signs or Symptoms for Primary Cases Only****Incubation Period** (Select appropriate units)

|                                             |      |     |       |      |
|---------------------------------------------|------|-----|-------|------|
| Shortest                                    | 12.5 | Min | Hours | Days |
| Median                                      | 29.0 | Min | Hours | Days |
| Longest                                     | 48.0 | Min | Hours | Days |
| Total # of cases for whom info is available | 11   |     |       |      |

**Duration of Illness** (Among recovered cases-select appropriate units)

|                                             |      |     |       |      |
|---------------------------------------------|------|-----|-------|------|
| Shortest                                    | 28.0 | Min | Hours | Days |
| Median                                      | 29.0 | Min | Hours | Days |
| Longest                                     | 48.0 | Min | Hours | Days |
| Total # of cases for whom info is available | 3    |     |       |      |

☐ 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         | 13                             | 13                                       |
| Diarrhea         | 10                             | 13                                       |
| Bloody stools    | 0                              | 13                                       |
| Fever            | 6                              | 13                                       |
| Abdominal cramps | 8                              | 13                                       |
| HUS              | 0                              | 13                                       |
| Chills           | 6                              | 13                                       |
| Body ache        | 6                              | 13                                       |
| Headache         | 8                              | 13                                       |
|                  |                                |                                          |

**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                    | 0 #  |
| Estimated total secondary cases             | 0 #  |
| Estimated total cases (Primary + Secondary) | 13 # |

**Other CDC System IDs** (If applicable)

NEARS ID: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

OHHABS ID: 1) \_\_\_\_\_ 2) \_\_\_\_\_

**Traceback** (For food and bottled water only, not public water)☐ Please check if traceback conducted

| Source name<br>(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: PHSKC \_\_\_\_\_

E-mail: \_\_\_\_\_

Agency name: PHSKC \_\_\_\_\_

Phone #: (206) 296-4774 \_\_\_\_\_

Contact name: \_\_\_\_\_

Fax #: \_\_\_\_\_

Contact title: \_\_\_\_\_

**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)

## 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                                   | Yes                      | 2                        |
| Animal specimen                                  | No                       |                          |
| Food                                             | No                       |                          |
| Water                                            | No                       |                          |
| Other environmental (specify in general remarks) | No                       |                          |

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](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                                                                                                                                                                                     |         |                   |                       | Confirmed                       | 1                        | <div style="border: 1px solid #add8e6; padding: 2px;">           1 - Patient Specimen<br/>           2 - Food Specimen<br/>           3 - Environmental Specimen<br/>           4 - Food-worker Specimen<br/>           5 - Water Sample<br/>           6 - Animal Specimen         </div> |

~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                                                                                                                                                                                    |                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Settings Section – complete for person-to-person, environmental contamination, and other/unknown primary mode of transmission</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <b>Major Setting of Exposure</b> <i>(choose one)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <input type="checkbox"/> Camp<br><input type="checkbox"/> Child day care<br><input type="checkbox"/> Event space<br><input type="checkbox"/> Festival/fair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Hospital<br><input type="checkbox"/> Hotel/motel<br><input type="checkbox"/> Long-term care/nursing home/assisted living facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Office/indoor workplace<br><input type="checkbox"/> Other healthcare facility<br><input type="checkbox"/> Other <i>(specify)</i><br><input type="checkbox"/> Prison/jail | <input type="checkbox"/> Private home/residence<br><input type="checkbox"/> Religious facility<br><input checked="" type="checkbox"/> Restaurant<br><input type="checkbox"/> School/college/university |
| <input type="checkbox"/> Shelter/group home/transitional housing<br><input type="checkbox"/> Ship/boat<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| Specify setting _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <b>Attack Rates for Major Setting of Exposure</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <b>Group</b> <i>(based on setting)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Estimated exposed in major setting*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Estimated ill in major setting</b>                                                                                                                                                             | <b>Crude attack rate</b> <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <b>Other Settings of Exposure</b> <i>(choose all that apply)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <input type="checkbox"/> Camp<br><input type="checkbox"/> Child day care<br><input type="checkbox"/> Event space<br><input type="checkbox"/> Festival/fair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Hospital<br><input type="checkbox"/> Hotel/motel<br><input type="checkbox"/> Long-term care/nursing home/assisted living facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Office/indoor workplace<br><input type="checkbox"/> Other healthcare facility<br><input type="checkbox"/> Other <i>(specify)</i><br><input type="checkbox"/> Prison/jail | <input type="checkbox"/> Private home/residence<br><input type="checkbox"/> Religious facility<br><input type="checkbox"/> Restaurant<br><input type="checkbox"/> School/college/university            |
| <input type="checkbox"/> Shelter/group home/transitional housing<br><input type="checkbox"/> Ship/boat<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| Specify setting _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <b>Additional Shigella Questions</b> <i>(Complete this section for Shigella outbreaks)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <b>1. Did any case-patients report travel prior to illness onset?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br>If yes, was travel international, domestic, or both? <input type="checkbox"/> International <input type="checkbox"/> Domestic <input type="checkbox"/> Both <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <b>2. Were any confirmed, suspected, or probable case-patients immunocompromised (e.g., HIV/AIDS)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <b>3. Were there any confirmed, suspected, or probable cases among men who have sex with men?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <b>Animal Contact Section – complete for animal contact primary mode of transmission</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <input type="checkbox"/> Animal vehicle undetermined                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Reason(s) animal contact, but undetermined vehicle <i>(enter all that apply from list in appendix E):</i> <input type="checkbox"/> Epidemiologic <input type="checkbox"/> Laboratory <input type="checkbox"/> Traceback and/or environmental investigation <input type="checkbox"/> Other data                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <b>Animal</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>2</b>                                                                                                                                                                                          | <b>3</b>                                                                                                                                                                                               |
| <b>Animal Type</b> <i>(select one from list in appendix E)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <b>Animal Type</b> <i>(specify)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <b>Confirmed or suspected vehicle</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <b>Reason(s) confirmed or suspected</b><br><i>(enter all that apply from list in appendix E)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 - Epidemiologic<br>2 - Laboratory<br>3 - Traceback and/or environmental investigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 - Epidemiologic<br>2 - Laboratory<br>3 - Traceback and/or environmental investigation                                                                                                           | 1 - Epidemiologic<br>2 - Laboratory<br>3 - Traceback and/or environmental investigation                                                                                                                |
| <b>1. Settings of exposure</b> <i>(check all that apply)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Agricultural feed store<br/> <input type="checkbox"/> Animal shelter or sanctuary<br/> <input type="checkbox"/> Camp<br/> <input type="checkbox"/> Child day care<br/> <input type="checkbox"/> Farm/dairy<br/> <input type="checkbox"/> Festival or fair<br/> <input type="checkbox"/> Hospital<br/> <input type="checkbox"/> Laboratory         </div> <div style="width: 33%;"> <input type="checkbox"/> Live animal market<br/> <input type="checkbox"/> Long-term care/nursing home/assisted living facility<br/> <input type="checkbox"/> Pet store or other retail location<br/> <input type="checkbox"/> Petting zoo<br/> <input type="checkbox"/> Prison/jail         </div> <div style="width: 33%;"> <input type="checkbox"/> Private home/residence<br/> <input type="checkbox"/> School/college/university<br/> <input type="checkbox"/> Veterinary clinic<br/> <input type="checkbox"/> Zoo or animal exhibit<br/> <input type="checkbox"/> Other <i>(specify*)</i><br/> <input type="checkbox"/> Unknown         </div> </div> | <b>2. Was pet food or animal feed implicated as a potential source of the outbreak?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br><b>If yes, please specify:</b><br><input type="checkbox"/> Prepackaged pet food<br><input type="checkbox"/> Pet treats or chews<br><input type="checkbox"/> Homemade pet food<br><input type="checkbox"/> Commercially prepared 'raw' pet food<br><input type="checkbox"/> Frozen or fresh feeder rodents<br><input type="checkbox"/> Blended feed<br><input type="checkbox"/> Other <i>(specify*)</i><br><input type="checkbox"/> Unknown          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <b>3. Did any cases have exposure to livestock or household pets that were experiencing diarrhea?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>5. What prevention measures or recommendations were used to stop the outbreak and prevent additional infections?</b> <i>(check all that apply)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Handwashing<br/> <input type="checkbox"/> Quarantine/stop movement<br/> <input type="checkbox"/> Venue or event closure<br/> <input type="checkbox"/> Removal of animals from setting         </div> <div style="width: 50%;"> <input type="checkbox"/> None<br/> <input type="checkbox"/> Other <i>(specify*)</i><br/> <input type="checkbox"/> Unknown         </div> </div> |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <b>4. Was the "Compendium of Measures to Prevent Disease Associated with Animals in Public Settings" used in the investigation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <b>Animal contact remarks</b> <i>(*If "Other" was chosen, specify here):</i><br><div style="height: 40px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                                                        |

**Food Section – complete for foodborne primary mode of transmission**

|                                                                                                                                                                                                  |                                                                                                                                                         |                                                                                                                                                                                                            |                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Food vehicle undetermined                                                                                                                                    |                                                                                                                                                         | Reason(s) foodborne, but undetermined vehicle (enter all that apply from list in appendix E):                                                                                                              |                                                                                                                                                         |
|                                                                                                                                                                                                  |                                                                                                                                                         | <input checked="" type="checkbox"/> Epidemiologic <input type="checkbox"/> Laboratory <input checked="" type="checkbox"/> Traceback and/or environmental investigation <input type="checkbox"/> Other data |                                                                                                                                                         |
| <b>Food</b>                                                                                                                                                                                      | <b>1</b>                                                                                                                                                | <b>2</b>                                                                                                                                                                                                   | <b>3</b>                                                                                                                                                |
| <b>Name of food</b><br>(excluding any preparation)                                                                                                                                               |                                                                                                                                                         |                                                                                                                                                                                                            |                                                                                                                                                         |
| <b>Confirmed or suspected vehicle</b>                                                                                                                                                            |                                                                                                                                                         |                                                                                                                                                                                                            |                                                                                                                                                         |
| <b>Reason(s) confirmed or suspected</b><br>(enter all that apply from list in appendix E)                                                                                                        |                                                                                                                                                         |                                                                                                                                                                                                            |                                                                                                                                                         |
| <b>Ingredient(s)</b><br>(enter all that apply)                                                                                                                                                   |                                                                                                                                                         |                                                                                                                                                                                                            |                                                                                                                                                         |
| <b>Contaminated ingredient(s)</b><br>(enter all that apply)                                                                                                                                      |                                                                                                                                                         |                                                                                                                                                                                                            |                                                                                                                                                         |
| <b>Total # of cases exposed to implicated food</b>                                                                                                                                               |                                                                                                                                                         |                                                                                                                                                                                                            |                                                                                                                                                         |
| <b>Method of processing</b><br>(enter all that apply from list in appendix E)                                                                                                                    |                                                                                                                                                         |                                                                                                                                                                                                            |                                                                                                                                                         |
| <b>Method of preparation</b><br>(select one from list in appendix E)                                                                                                                             |                                                                                                                                                         |                                                                                                                                                                                                            |                                                                                                                                                         |
| <b>Level of preparation</b><br>(select one from list in appendix E)                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                            |                                                                                                                                                         |
| <b>Contaminated food imported to US?</b>                                                                                                                                                         | <input type="checkbox"/> Yes, country _____<br><input type="checkbox"/> Yes, unknown<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Yes, country _____<br><input type="checkbox"/> Yes, unknown<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                                    | <input type="checkbox"/> Yes, country _____<br><input type="checkbox"/> Yes, unknown<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| <b>Was product both produced under domestic regulatory oversight and sold?</b>                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                               |
| <b>Location where food was prepared</b><br>(check all that apply)                                                                                                                                |                                                                                                                                                         | <b>Location of exposure (where food was eaten)</b><br>(check all that apply)                                                                                                                               |                                                                                                                                                         |
| <input type="checkbox"/> Banquet facility (food prepared and served on-site)                                                                                                                     | <input type="checkbox"/> Other healthcare facility                                                                                                      | <input type="checkbox"/> Banquet facility (food prepared and served on-site)                                                                                                                               | <input type="checkbox"/> Other healthcare facility                                                                                                      |
| <input type="checkbox"/> Camp                                                                                                                                                                    | <input type="checkbox"/> Prison/jail                                                                                                                    | <input type="checkbox"/> Camp                                                                                                                                                                              | <input type="checkbox"/> Prison/jail                                                                                                                    |
| <input type="checkbox"/> Caterer (food prepared off-site from where served)                                                                                                                      | <input type="checkbox"/> Private home/residence                                                                                                         | <input type="checkbox"/> Caterer (food prepared off-site from where served)                                                                                                                                | <input type="checkbox"/> Private home/residence                                                                                                         |
| <input type="checkbox"/> Child day care                                                                                                                                                          | <input type="checkbox"/> Religious facility                                                                                                             | <input type="checkbox"/> Child day care                                                                                                                                                                    | <input type="checkbox"/> Religious facility                                                                                                             |
| <input type="checkbox"/> Fair, festival, other temporary or mobile services                                                                                                                      | <input type="checkbox"/> Restaurant- Buffet                                                                                                             | <input type="checkbox"/> Fair, festival, other temporary or mobile services                                                                                                                                | <input type="checkbox"/> Restaurant – Buffet                                                                                                            |
| <input type="checkbox"/> Farm/dairy                                                                                                                                                              | <input type="checkbox"/> Restaurant – ‘Fast-food’ (drive up service or pay at counter)                                                                  | <input type="checkbox"/> Farm/dairy                                                                                                                                                                        | <input type="checkbox"/> Restaurant – ‘Fast-food’ (drive up service or pay at counter)                                                                  |
| <input type="checkbox"/> Grocery store                                                                                                                                                           | <input type="checkbox"/> Restaurant – Other or unknown type                                                                                             | <input type="checkbox"/> Grocery store                                                                                                                                                                     | <input type="checkbox"/> Restaurant – Other or unknown type                                                                                             |
| <input type="checkbox"/> Hospital                                                                                                                                                                | <input checked="" type="checkbox"/> Restaurant – Sit-down dining                                                                                        | <input type="checkbox"/> Hospital                                                                                                                                                                          | <input checked="" type="checkbox"/> Restaurant – Sit-down dining                                                                                        |
| <input type="checkbox"/> Hotel/motel                                                                                                                                                             | <input type="checkbox"/> School/college/university                                                                                                      | <input type="checkbox"/> Hotel/motel                                                                                                                                                                       | <input type="checkbox"/> School/college/university                                                                                                      |
| <input type="checkbox"/> Long-term care/nursing home/assisted living facility                                                                                                                    | <input type="checkbox"/> Ship/boat                                                                                                                      | <input type="checkbox"/> Long-term care/nursing home/assisted living facility                                                                                                                              | <input type="checkbox"/> Ship/boat                                                                                                                      |
| <input type="checkbox"/> Office/indoor workplace                                                                                                                                                 | <input type="checkbox"/> Unknown                                                                                                                        | <input type="checkbox"/> Office/indoor workplace                                                                                                                                                           | <input type="checkbox"/> Unknown                                                                                                                        |
| <input type="checkbox"/> Other (specify in ‘where prepared remarks’)                                                                                                                             |                                                                                                                                                         | <input type="checkbox"/> Other (specify in ‘where eaten remarks’)                                                                                                                                          |                                                                                                                                                         |
| <b>Where prepared remarks:</b>                                                                                                                                                                   |                                                                                                                                                         | <b>Where eaten remarks:</b>                                                                                                                                                                                |                                                                                                                                                         |
|                                                                                                                                                                                                  |                                                                                                                                                         |                                                                                                                                                                                                            |                                                                                                                                                         |
| <b>Was there a kitchen manager certified in food safety at the location of preparation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 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):

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-->

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