

What was the source of the initial outbreak report? (choose one)

private citizen report PFGE match inquiry from CDC
 nursing home/ALC staff report reportable disease surveillance blip syndromic surveillance blip
 medical professional report inquiry from another state

BASICS

1st notification to LHD

1st notification to OHD

investigation start date

County of exposure(s)

City

Location/facility name*

Contact info for group, facility, etc.

Brief overview

Earliest exposure latest exposure

Syndrome (choose one)

gastroenteritis rash
 pertussis other
 respiratory mixed
 hepatitis unspecified
 varicella

Suspected primary route of transmission (choose one)

foodborne
 waterborne
 person-to-person
 animal contact
 indeterminate
 other

Suspected 2nd route of transmission (if any; choose one)

foodborne
 waterborne
 person-to-person
 animal contact
 indeterminate
 other

Setting(s) of exposure (check all that apply)

unknown camp
 private home office/worksite
 community-wide grocery store
 restaurant/deli hospital
 meeting/convention workplace cafeteria
 reception facility nursing home/LTC/ALC
 DCC prison, jail
 school picnic
 religious facility fair/festival/mobile

Other (specify)

ETIOLOGY

Were specimens of any kind tested anywhere? Y N

Was the etiologic agent lab-confirmed? Y N

If no, presumptively identified? Y N

Confirmed or presumptive bug/disease? serotype/subtype?

2nd confirmed or presumpt. bug/disease? serotype/subtype?

PFGE pattern/other

Source(s) of **positive** specimens? cases food environment food handler

From how many persons were specimens obtained? Count people, not specimens.

From how many persons were **stool** specimens tested? Count people, not specimens.

How many **food handlers** were tested? Count people, not specimens.

How many **food handlers** tested positive? Count people, not specimens.

How many **non-fecal** specimens were tested at the PHL?

Overall, how many cases were lab-confirmed?

How many of the following kinds of samples were tested: Food? Water? Other Environmental?

How many of the following kinds of specimens were tested?

	bacterial cx	O & P	NLV
at private labs	<input type="text"/>	<input type="text"/>	<input type="text"/>
at the PHL	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bug first identified at which lab? private other PHL
 OSPHL CDC
 other

What was the median lag time from onset of D or V to collection of specimens tested at the PHL? days

within 3 days within 2 weeks could not be determined
 within 1 week more than 2 weeks

If no etiology was established through basic tests, what other lab work was done? (check all that apply)

toxin screens other PCR none
 other culture referral to CDC

If neither confirmed nor presumptive, were symptoms and other facts consistent with caliciviral (e.g., noro) infection? Y N

CASES

Was a formal case definition used? Y N *If yes, specify*

Earliest known onset date

latest known onset date Onset date of 2nd outbreak case

Confirmed case count including secondary cases

Presumptive case count including secondary cases

Suspect case count (Typically, sick people who don't meet the case definition)

Extrapolated total ill Leave blank unless you have a legitimate sample from which to extrapolate.

Do tallies include non-Oregon cases? *If yes, provide details:*

How many symptom profiles were *systematically* collected from **confirmed and presumptive** cases? (Do not count "suspect" cases)

Of those, how many had?	Of those, how many were?	Of those, how many?	
SYMPTOM	AGE	SEX	SEVERITY
no symptoms <input type="text"/>	infants <input type="text"/>	female <input type="text"/>	saw clinician <input type="text"/> <i>(excluding ER visits)</i>
vomiting <input type="text"/>	1-4 <input type="text"/>	male <input type="text"/>	visited ER <input type="text"/>
fever <input type="text"/>	5-9 <input type="text"/>	unknown <input type="text"/>	were hospitalized <input type="text"/> <i>(admitted overnight)</i>
cramps <input type="text"/>	10-19 <input type="text"/>	total <input type="text"/>	died <input type="text"/>
any diarrhea <input type="text"/>	20-49 <input type="text"/>		
3+ stools/24h <input type="text"/>	50-74 <input type="text"/>		
bloody stools <input type="text"/>	75+ <input type="text"/>		
	unknown <input type="text"/>		
	total <input type="text"/>		

Were incubation periods determined? Y N

	min	median	max	hours/days
incubation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> H <input type="radio"/> D
	calculated from how many cases? <input type="text"/>			
duration	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> H <input type="radio"/> D
	calculated from how many cases? <input type="text"/>			

Considering ALL evidence, was a specific vehicle convincingly implicated? Y N N **More than one vehicle?** Y N N

FOOD

On what date was a vehicle for this outbreak identified with reasonable certainty?

Vehicle #1	<input type="text"/>	Vehicle #2	<input type="text"/>
main ingredients	<input type="text"/>	main ingredients	<input type="text"/>
contaminated ingredients	<input type="text"/>	contaminated ingredients	<input type="text"/>

<p>What kind of evidence led to implicating vehicle #1?</p> <input type="checkbox"/> Statistically implicated from epi investigation <input type="checkbox"/> Lab evidence (e.g. culture from food) <input type="checkbox"/> Compelling supportive evidence <input type="checkbox"/> Other data (<i>must specify in narrative</i>) <input type="checkbox"/> No specific evidence, but seems likely based on general knowledge, past experience (i.e. reasonable guess)	<p>What kind of evidence led to implicating vehicle #2?</p> <input type="checkbox"/> Statistically implicated from epi investigation <input type="checkbox"/> Lab evidence (e.g. culture from food) <input type="checkbox"/> Compelling supportive evidence <input type="checkbox"/> Other data (<i>must specify in narrative</i>) <input type="checkbox"/> No specific evidence, but seems likely based on general knowledge, past experience (i.e. reasonable guess)
---	---

Number of cases exposed to vehicle #1? Number of cases exposed to vehicle #2?

Was a *specific* food handler implicated as the probable source of contamination? Y N N

if yes, conclusion based on... (check all that apply)

<input type="checkbox"/> Statistically implicated from epi investigation	<input type="checkbox"/> Other data (<i>must specify in narrative</i>)
<input type="checkbox"/> Lab evidence (e.g. culture from food)	<input type="checkbox"/> No specific evidence, but seems likely based on general knowledge, past experience (i.e. reasonable guess)
<input type="checkbox"/> Compelling supportive evidence	

Where was the implicated food prepared? (*check all that apply*)

<input type="checkbox"/> Camp	<input type="checkbox"/> Private Home	<input type="checkbox"/> Workplace - Cafeteria	<input type="checkbox"/> Hospital	<input type="checkbox"/> Religious facility	<input type="checkbox"/> Restaurant - fast food
<input type="checkbox"/> Picnic	<input type="checkbox"/> Fair/Festival/Mobile	<input type="checkbox"/> Workplace - Not Cafeteria	<input type="checkbox"/> Child DCC	<input type="checkbox"/> Fair/Festival/Mobile	<input type="checkbox"/> Restaurant - sit-down
<input type="checkbox"/> School	<input type="checkbox"/> Grocery store	<input type="checkbox"/> Nursing Home/LTCF	<input type="checkbox"/> Prison or jail	<input type="checkbox"/> Grocery store	<input type="checkbox"/> Restaurant - other or unknown type
<input type="checkbox"/> Caterer	<input type="checkbox"/> Banquet facility	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown		

Contributing factors (CFs) are defined as the food safety practices and behaviors that most likely contributed to a foodborne illness outbreak. CFs should be identified only if the investigator has strong evidence that it actually occurred in this outbreak; just because a factor has been cited in similar outbreaks in the past does not mean it was involved in this outbreak.

Each CF has a very specific definition. For more details, visit the foodborne outbreak section of our website:

<http://www.oregon.gov/DHS/ph/acd/reporting/foodrpt.shtml>

- KEY:**
- A. PROVEN**—statistical association and clear environmental evidence
 - B. PROBABLE**—epi or environmental evidence indicates likely cause
 - C. POSSIBLE**—plausible based on general knowledge but no specific evidence

How did the etiologic agent get onto or into the food vehicle?

(choose one)

unknown not applicable

Contamination Factors

- C01 A B C Toxic substance part of tissue (e.g., ciguatera)
- C02 A B C Poisonous substance intentionally added
- C03 A B C Poisonous or physical substance accidentally/inadvertently added (e.g., sanitizer or cleaning compound)
- C04 A B C Addition of excessive quantities of ingredients that are toxic in large amounts (e.g., niacin poisoning in bread)
- C05 A B C Toxic container (e.g., galvanized containers with acid food)
- C06 A B C Contaminated raw product – food was intended to be consumed after a kill step
- C07 A B C Contaminated raw product – food was intended to be consumed raw, undercooked or under-processed
- C08 A B C Foods originating from sources shown to be contaminated or polluted
- C09 A B C Cross-contamination of ingredients (**cross-contamination does not include ill food workers**)
- C10 A B C Bare-hand contact by a food handler/worker/preparer who is suspected to be infectious (not simply bare-hand contact per se)
- C11 A B C Glove-hand contact by a food handler/worker/preparer who is suspected to be infectious (not simply glove-hand contact per se)
- C12 A B C Other mode of contamination by a food handler/worker/preparer who is suspected to be infectious
- C13 A B C Foods contaminated by non-food handler/worker/preparer who is suspected to be infectious
- C14 A B C Storage in contaminated environment
- C15 A B C Other source of contamination (must describe in Comments)

How were BACTERIAL agents able to increase in numbers or produce toxic products prior to the vehicle being ingested? (choose one)

unknown not applicable

Proliferation Factors

- P01 A B C Food preparation practices that support proliferation of pathogens (during food preparation)
- P02 A B C 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)
- P03 A B C Improper adherence to proper time/temperature control plan (had a good plan but didn't follow it)
- P04 A B C Improper cold holding due to malfunctioning refrigeration equipment (refrigeration equipment failure)
- P05 A B C Improper cold holding due to an improper procedure or protocol (e.g. overloaded refrigerators, improperly iced salad bar)
- P06 A B C Improper hot holding due to malfunctioning equipment (hot holding equipment failure)
- P07 A B C Improper hot holding due to improper procedure or protocol (e.g. inadequate number of sterno cans, steam table not turned on)
- P08 A B C Improper/slow cooling
- P09 A B C Prolonged cold storage
- P10 A B C Inadequate modified atmosphere packaging
- P11 A B C Inadequate processing (acidification, water activity, fermentation)
- P12 A B C Other situations that promote or allow microbial growth or toxic production (must describe in Comments)

What processes or steps should have eliminated or reduced the microbial agent but did not because of one of these factors? (choose one)

unknown not applicable

Survival Factors

- S01 A B C Insufficient time and/or temperature during cooking/heat processing (e.g., faulty pasteurization)
- S02 A B C Insufficient time and/or temperature during reheating
- S03 A B C Insufficient time and/or temperature control during freezing
- S04 A B C Insufficient or improper use of chemical processes designed for pathogen destruction
- S05 A B C Other process failures that permit the agent to survive (must describe in Comments)

FOODBORNE Outbreak #

State lead(s)

Other state

METHODS

LHD lead(s)

Other LHD

Which agencies were substantively involved?
(check all that apply)

<input type="checkbox"/> 1 LHD	<input type="checkbox"/> FoodNet
<input type="checkbox"/> multiple LHDs	<input type="checkbox"/> ODA
<input type="checkbox"/> State HD (Oregon)	<input type="checkbox"/> CDC
<input type="checkbox"/> multiple state HDs	<input type="checkbox"/> FDA
<input type="checkbox"/> regional HD	<input type="checkbox"/> USDA

Who designed the investigation?
(check all that apply)

- LHD sanitarians
- LHD CD nurses
- OPHD epidemiologist(s)
- people w/advanced epi training

Other outbreak-related activities:
(check all that apply)

- meeting abstract
- publication
- out-of-office travel by LHD
- out-of-office travel by OHD
- overnight travel by OHD

Was information collection delegated to non-public health people (e.g., ICPs, school nurses, nursing home staff)? Y N

How many cases were interviewed for exposure history?

How many well persons (controls) were systematically interviewed?

How were controls selected?
(check all that apply)

<input type="checkbox"/> well cohort members	<input type="checkbox"/> credit cards
<input type="checkbox"/> meal companions	<input type="checkbox"/> friends
<input type="checkbox"/> neighborhood	<input type="checkbox"/> other
<input type="checkbox"/> phone # match	<input type="checkbox"/> no controls

What methods were used to investigate this outbreak?
(check all that apply)

<input type="checkbox"/> no real investigation	<input type="checkbox"/> non-potable water assessed
<input type="checkbox"/> active case finding	<input type="checkbox"/> food cultures
<input type="checkbox"/> case interviews	<input type="checkbox"/> product traceback
<input type="checkbox"/> chart/record review	<input type="checkbox"/> product recall
<input type="checkbox"/> case-control study	<input type="checkbox"/> contact with ODA
<input type="checkbox"/> cohort study	<input type="checkbox"/> conf call w/other states
<input type="checkbox"/> food preparation review	<input type="checkbox"/> conf call w/CDC
<input type="checkbox"/> EHS inspection	<input type="checkbox"/> conf call w/FDA
<input type="checkbox"/> EHS-NET evaluation	<input type="checkbox"/> conf call w/USDA
<input type="checkbox"/> environmental cultures	<input type="checkbox"/> investigation at factory
<input type="checkbox"/> drinking water assessed	<input type="checkbox"/> investigation at original source (e.g. farm)
<input type="checkbox"/> recreational water venue assessed	

Date of first outbreak-related case interview?

Date of last outbreak-related case interview?

On average, how many days elapsed between report of an outbreak case to that case's first outbreak interview? days

What type of intervention was conducted as a response to this outbreak? *(check all that apply)*

<input type="checkbox"/> ordered facility cleaned	<input type="checkbox"/> issued press release
<input type="checkbox"/> food handler education	<input type="checkbox"/> closed facility
<input type="checkbox"/> embargoed or discarded food	<input type="checkbox"/> recalled food
<input type="checkbox"/> restricted/excluded foodworker	<input type="checkbox"/> no intervention

On what date did the first intervention begin?

What type of media coverage did this outbreak receive? *(if none, skip to Narrative section)*

<input type="checkbox"/> none	<input type="checkbox"/> national press release	<input type="checkbox"/> radio
<input type="checkbox"/> OHD press release	<input type="checkbox"/> newspaper	<input type="checkbox"/> other
<input type="checkbox"/> LHD press release	<input type="checkbox"/> T.V.	

MEDIA COVERAGE

Did the media coverage hinder the investigation? Y N

If yes, please describe how:

Was the media coverage initiated by the investigating agency? Y N

If the coverage was initiated by the investigating agency, what was the intent of the coverage? *(check all that apply)*

<input type="checkbox"/> To find additional cases	<input type="checkbox"/> Other <i>(describe below)</i>
<input type="checkbox"/> To alert the public to potential contamination of a commercial product	

if other, please describe:

If the coverage was not initiated by the investigating agency, how did the media find out about the outbreak? *(check all that apply)*

<input type="checkbox"/> From an outbreak case	<input type="checkbox"/> Other <i>(describe below)</i>
<input type="checkbox"/> From internal correspondence about the outbreak that was leaked	

if other, please describe:

What additional records are available?

<input type="checkbox"/> questionnaire	<input type="checkbox"/> electronic files	<input type="checkbox"/> photos	<input type="checkbox"/> NH control
<input type="checkbox"/> written report	<input type="checkbox"/> epi curve	<input type="checkbox"/> movies	

Narrative section: Please include a narrative description of the investigation

Additionally, please provide an electronic copy of narrative or notes so we can copy & paste into the electronic report.

Faxed copies of narratives will be scanned, but may appear separate from this report.