

**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)  
 waterborne  
 person-to-person  
 animal contact  
 indeterminate  
 other

**Suspected 2<sup>nd</sup> route of transmission** (if any; choose one)  
 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? (write in exact time if known)  day(s)  
 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

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	infants	female	saw clinician <i>(excluding ER visits)</i>	<input type="text"/>				
vomiting	1-4	male	visited ER	<input type="text"/>				
fever	5-9	unknown	were hospitalized <i>(admitted overnight)</i>	<input type="text"/>				
cramps	10-19	total	died	<input type="text"/>				
any diarrhea	20-49							
3+ stools/24h	50-74							
bloody stools	75+							
	unknown							
	total							

  

	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"/>			

State lead(s)  Other state   
 LHD lead(s)  Other LHD

**METHODS**

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

1 LHD                       FoodNet  
 multiple LHDs             ODA  
 State HD (Oregon)        CDC  
 multiple state HDs       FDA  
 regional HD                 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)*

well cohort members     credit cards  
 meal companions         friends  
 neighborhood             other  
 phone # match             no controls

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

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

ordered facility cleaned             issued press release  
 food handler education             closed facility  
 embargoed or discarded food       recalled food  
 restricted/excluded foodworker     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)*

none                             national press release     radio  
 OHD press release         newspaper                     other  
 LHD press release         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)*

To find additional cases     Other *(describe below)*  
 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)*

From an outbreak case     Other *(describe below)*  
 From internal correspondence about the outbreak that was leaked

*if other, please describe:*

Non-foodborne Outbreak #

Outbreak name

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**

**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.**