



# National Outbreak Reporting System

OMB No. 0920-1304  
Exp. 08/31/2025

This form is used to report investigations of foodborne and waterborne disease outbreaks; enteric disease outbreaks transmitted by contact with persons, animals, or environmental sources, or by an unknown mode; and certain fungal disease outbreaks. This form has 16 sections, indicated by the dark purple headers. **Please complete as much as possible of all applicable sections.**

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including 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 (0920-1304) <---DO NOT MAIL CASE REPORTS TO THIS ADDRESS

Guidance document: <https://www.cdc.gov/nors/forms.html>

CDC ID <i>CDC use only</i>	State ID <i>(required)</i>

## Primary Mode of Transmission *Select one (required)*

- Animal contact
- Environmental contamination other than food/water
- Food
- Person-to-person
- Water
- Indeterminate/Unknown

## Dates *mm/dd/yyyy*

Date first case became ill *(required)*: \_\_\_\_\_ Date last case became ill: \_\_\_\_\_ Date of initial exposure: \_\_\_\_\_  
 Date of last exposure: \_\_\_\_\_ Date of notification to State/Territory or Local/Tribal Health Authorities: \_\_\_\_\_  
 Date outbreak investigation began: \_\_\_\_\_

## Geographic Location

Exposure state *(required)*: \_\_\_\_\_  
 Exposure occurred in multiple states  
 Exposure occurred in a single state, but some or all cases resided in a different state(s)  
 Other states: \_\_\_\_\_  
*(For multistate exposure or multistate residency outbreaks, enter the case count for each state)*

Exposure county: \_\_\_\_\_  
 Exposure occurred in multiple counties in exposure state  
 Exposure occurred in a single county, but some or all cases resided in a different county or multiple counties  
 Other counties: \_\_\_\_\_

Exposure occurred on any of the following:  
 Not applicable (N/A)  National park  
 Tribal land (within census bureau boundaries)  Other federal land *(e.g., national forest, military base; specify below)*

City/Town/Place of exposure *(e.g., facility name)*: \_\_\_\_\_

## Primary Cases

### Primary Case Counts

Primary Case Counts	Number	Sex <i>Number or percent of the primary cases</i>	Number	Percent
Lab-confirmed primary cases	#	Male	#	%
Probable primary cases	#	Female	#	%
Estimated total primary cases <i>(required)</i>	#	Unknown sex	#	%

### For food and animal contact outbreaks, if outbreak occurred during >1 calendar year, # cases per year (by illness onset)

Case Type	Year: _____	Year: _____	Year: _____	Year: _____
Lab-confirmed primary cases				
Probable primary cases				
Estimated total primary cases				

Age <i>Number or percent of primary cases</i>								
Age	Number	Percent	Age	Number	Percent	Age	Number	Percent
<1 year	#	%	10-17 years	#	%	65-74 years	#	%
1-4 years	#	%	18-49 years	#	%	≥75 years	#	%
5-9 years	#	%	50-64 years	#	%	Unknown	#	%

Signs or Symptoms <i>Among primary cases</i>					
Commonly reported signs or symptoms	# cases	# cases with info available	Other signs or symptoms <i>Select all that apply from list in Appendix E</i>	# cases	# cases with info available
Vomiting	#	#	Fever	#	#
Diarrhea	#	#	Other ( <i>specify</i> ): _____	#	#
Bloody stools	#	#	Other ( <i>specify</i> ): _____	#	#
Abdominal cramps	#	#	Other ( <i>specify</i> ): _____	#	#

Incubation Period <i>Among primary cases; select appropriate units</i>			Duration of Illness <i>Among recovered primary cases; select appropriate units</i>		
<input type="checkbox"/> Unknown incubation period			<input type="checkbox"/> Unknown duration of illness		
Incubation Period	Number	Increment	Illness Duration	Number	Increment
Shortest	#	<input type="radio"/> Mins <input type="radio"/> Hours <input type="radio"/> Days	Shortest	#	<input type="radio"/> Mins <input type="radio"/> Hours <input type="radio"/> Days
Median	#	<input type="radio"/> Mins <input type="radio"/> Hours <input type="radio"/> Days	Median	#	<input type="radio"/> Mins <input type="radio"/> Hours <input type="radio"/> Days
Longest	#	<input type="radio"/> Mins <input type="radio"/> Hours <input type="radio"/> Days	Longest	#	<input type="radio"/> Mins <input type="radio"/> Hours <input type="radio"/> Days

# of cases with info available: \_\_\_\_\_

# of cases with info available: \_\_\_\_\_

Healthcare-Seeking Behaviors <i>Among primary cases</i>		
Behavior	# cases	# cases with info available
Visited health care provider	#	#
Visited emergency department	#	#
Visited Indian Health Service or tribal facility	#	#

Case Outcomes <i>Among primary cases</i>		
Outcome	# cases	# cases with info available
Died	#	#
Hospitalized	#	#
Hemolytic uremic syndrome (HUS)	#	#
Disseminated infection <i>(e.g., pathogen detected in blood, central nervous system, bone/joint)</i>	#	#
Pregnancy loss <i>(For # cases with info available, enter number of known pregnant women)</i>	#	#

Case Characteristics <i>Among primary cases</i>		
Characteristic <i>During the exposure period of interest (or the 7 days before illness began for unknown etiologies), indicate how many primary case-patients:</i>	# cases	# cases with info available
Attended or worked in a child daycare	#	#
Were experiencing homelessness	#	#
Were exposed in the workplace	#	#
Were immunocompromised <i>(e.g., HIV/AIDS, solid organ or stem cell transplant, cancer)</i>	#	#
Were men who reported sexual contact with another man (MSM) <i>Complete only for person-to-person and indeterminate/unknown outbreaks. For # cases with info available, enter number of known men</i>	#	#

**Travel** *During the exposure period of interest (or 7 days before illness began for unknown etiologies)*

- For environmental contamination, person-to-person, water, and indeterminate/unknown outbreaks, did any primary case-patient travel for at least one night away from the primary residence:  
 Domestically?\*     Yes     No     Unknown     N/A  
 Internationally?†     Yes     No     Unknown     N/A
- For food outbreaks, was the outbreak associated with the source case-patient (*e.g., food worker*) traveling internationally?†  
 Yes     No     Unknown     N/A

\*This includes travel to a different city, state, or territory in the United States

†Case-patients with implicated exposure outside the United States should not be included in case counts for this report. Only outbreaks with domestic exposures should be reported through NORIS.

**Case characteristics remarks**

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**Secondary Cases**

**Mode of Secondary Transmission** *Select all that apply*

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

**Secondary Case Counts**

Secondary Case type	Number
Lab-confirmed secondary cases	#
Probable secondary cases	#
Estimated total secondary cases	#
Estimated total cases (Primary + Secondary)	#

**Secondary Case Outcomes** *Complete for food and animal contact outbreaks only*

Outcome	# secondary cases	# secondary cases with info available
Died	#	#
Hospitalized	#	#
Hemolytic uremic syndrome (HUS)	#	#

**Laboratory and Environmental Investigation**

**Sample Collection and Testing** *For human samples, only include primary cases*

- Were any samples tested?     Yes     No     Unknown
- What types of samples were tested?  
 a. Human     Yes     No     Unknown    From how many persons (including food workers)? \_\_\_\_\_  
     i. Food worker     Yes     No     Unknown  
 b. Animal     Yes     No     Unknown  
 c. Food     Yes     No     Unknown  
 d. Water     Yes     No     Unknown  
 e. Other environmental     Yes     No     Unknown    Specify other type(s): \_\_\_\_\_

3. What were they tested for? *(Select all that apply)*

**Human samples**

- Bacterium/bacteria or bacterial toxin(s)
- Virus(es)
- Parasite(s)
- Chemical(s) or non-bacterial toxin(s)
- Fungus/fungi
- Other
- Unknown

**Animal, food, water, other environmental samples**

- Bacterium/bacteria or bacterial toxin(s)
- Virus(es)
- Parasite(s)
- Chemical(s) or non-bacterial toxin(s)
- Fungus/fungi
- Other
- Unknown

4. What test types were used? (Select all that apply)

**Human samples**

- Test for chemicals
- Culture
- DNA or RNA amplification/detection (e.g., PCR, RT-PCR, multiplex PCR panels)
- Mass spectroscopy (e.g., MALDI-TOF)
- Metagenomics (e.g., DNase SISPA, amplicon sequencing, shotgun metagenomics)
- Microscopy (e.g., Fluorescent, electron microscope)
- Serological or immunological test (e.g., EIA, ELISA, UAT)
  - Antigen
  - Antibody
- Tissue culture infectivity assay
- Other (specify): \_\_\_\_\_
- Unknown

**Animal, food, water, other environmental samples**

- Test for chemicals
- Culture
- DNA or RNA amplification/detection (e.g., PCR, RT-PCR, multiplex PCR panels)
- Mass spectroscopy (e.g., MALDI-TOF)
- Metagenomics (e.g., DNase SISPA, amplicon sequencing, shotgun metagenomics)
- Microscopy (e.g., Fluorescent, electron microscope)
- Serological or immunological test (e.g., EIA, ELISA, UAT)
  - Antigen
  - Antibody
- Tissue culture infectivity assay
- Other (specify): \_\_\_\_\_
- Unknown

5. Did CDC NARMS perform antimicrobial susceptibility testing?  Yes  No  Unknown

**Waterborne Disease Outbreak Environmental Investigation** Complete only for waterborne disease outbreaks

1. Which of the following sampling locations were tested? Select all that apply from list in Appendix E

\_\_\_\_\_

2. Did environmental sampling results implicate water as the primary mode of transmission?

- Yes
- No (skip to b)
- Unknown (skip to b)

a. Did the results implicate the vehicle(s) of transmission? (e.g., pool, community water system, cooling tower)

- Yes  No  Unknown

Please summarize the environmental sampling results that implicated water in support of the epidemiologic findings. (Select all that apply)

Environmental sampling results	Are there supporting environmental sampling results?	Please describe relevant environmental sampling results (e.g., fecal indicators identified in well water on [insert date].)
Fecal indicators	<input type="radio"/> Yes <input type="radio"/> No	
pH	<input type="radio"/> Yes <input type="radio"/> No	
Temperature	<input type="radio"/> Yes <input type="radio"/> No	
Turbidity	<input type="radio"/> Yes <input type="radio"/> No	
Residual/free disinfectant	<input type="radio"/> Yes <input type="radio"/> No	
Combined disinfectant	<input type="radio"/> Yes <input type="radio"/> No	
Etiologic agent(s)	<input type="radio"/> Yes <input type="radio"/> No	
Other (specify): _____	<input type="radio"/> Yes <input type="radio"/> No	

b. Did historical or other environmental health evidence implicate water as the primary mode of transmission?

- Yes  No  Unknown

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

3. Would you like to attach environmental sampling results to this report?  Yes  No

**Etiology and Isolates**

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

\*See the [guidance document](#) for guidelines on confirming the etiology of the outbreak.

**Etiology** If available, include the subtype and other characteristics such as virulence factors and metabolic profile.

Genus	Species	Subtype <i>(e.g., serotype, genotype)</i>	Other characteristics	Total # positive primary cases	Detected in*	Outbreak etiology confirmed or suspected
				Total #: _____ # culture-confirmed: _____ # CIDT-positive only: _____		
				Total #: _____ # culture-confirmed: _____ # CIDT-positive only: _____		

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

**Isolates or Strains** For PulseNet isolates, complete only the first four columns. For all other isolates/strains, enter all available information.

CDC system <i>(PulseNet, CaliciNet, CryptoNet, Other, Unknown, None)</i>	State lab: sample ID	CDC lab: sample ID <i>(e.g., PulseNet key, CaliciNet key, CryptoNet key)</i>	CDC lab: outbreak ID <i>(e.g., PulseNet outbreak code, CaliciNet outbreak number, CryptoNet outbreak number)</i>	PFGE pattern	Sequencing information <i>(e.g., allele code, sequenced region)</i>	Subtype information <i>(e.g., serotype, genotype)</i>	Source/sample type <i>(e.g., environmental sample; refer to list in Appendix E)</i>
				Enzyme 1: _____ Enzyme 2: _____			
				Enzyme 1: _____ Enzyme 2: _____			

**Settings**

**Setting(s) of Exposure: Animal Contact, Environmental Contamination, Food, Person-to-Person, and Indeterminate/Unknown**

Enter all settings of exposure using list in Appendix E. Select a single setting unless exposures occurred in multiple settings. If multiple options could describe a single outbreak setting, choose the option that best applies and provide details in the remarks box below. For foodborne disease outbreaks, this is the location where food was eaten. *Setting(s) where food was prepared is captured in the next section.*

Setting 1/Major Setting	Setting 2	Setting 3	Setting 4	Other (specify):

**Setting of exposure remarks:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Setting(s) of Preparation: Food** *Complete only for food outbreaks*

Enter all settings where food was prepared using the list in Appendix E. Select a single setting unless preparation occurred in multiple settings.

Setting 1	Setting 2	Setting 3	Setting 4	Other (specify):

**Setting of preparation remarks:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Setting(s) of Exposure and Implicated Vehicle Description: Water** *Complete only for water outbreaks*

**Implicated type(s) of water exposure** *Select all that apply and complete appropriate water exposure sections*

- Treated recreational water (e.g., in manufactured venues such as pools, spas/whirlpools, hot tubs, spray pads, at-home kiddie pools)
- Untreated recreational water (e.g., natural venues such as freshwater lakes, hot springs, marine beaches/oceans)
- Drinking water in public or individual water systems (e.g., municipal system, private well, commercially-bottled water, water kiosk), regardless of the exposure pathway (i.e., not limited to ingestion)
- Other exposures to water, including other environmental exposures to water (e.g., cooling/industrial, water reuse, irrigation, occupational, decorative/display; includes water consumed from sources such as back-country streams)
- Undetermined exposures to water (i.e., the intended purpose or use of the water is unknown or the water exposure category could not be determined)

**Implicated water — recreational water venue description**

Water venue <i>(e.g., spa/whirlpool/hot tub; refer to list in Appendix E)</i>	Water venue subtype <i>(Refer to list in Appendix E)</i>	Setting of exposure <i>(e.g., hotel/motel; refer to list in Appendix E)</i>	(TREATED WATER OUTBREAKS ONLY) <b>How was the water in the venue treated?</b> <i>(e.g., disinfection, filtration)</i>	(TREATED WATER OUTBREAKS ONLY) <b>Treatment description</b> <i>(e.g., chlorine)</i> <i>Select all that apply from list in Appendix E</i>	(TREATED WATER OUTBREAKS ONLY) <b>What were chlorine stabilizer levels at the time of the outbreak?</b>

**Implicated water — drinking water system description**

Water system* <i>(e.g., community water system; refer to list in Appendix E)</i>	Public water system EPA ID number†	Water source (e.g., ground water, surface water; refer to list in Appendix E)	Water source description <i>(e.g., spring, well, lake; refer to list in Appendix E)</i>	How was the water in the system treated? (e.g., disinfection, filtration)	Treatment description <i>(e.g., chlorine)</i> <i>Select all that apply from list in Appendix E</i>	Setting of exposure <i>(e.g., hotel/motel; refer to list in Appendix E)</i>

\* Water system definitions: Community and non-community water systems are public water systems that have ≥15 service connections or serve an average of ≥25 residents for ≥60 days/year. A community water system serves year-round residents of a community, subdivision, or mobile home park. A non-community water system serves an institution, industry, camp, park, hotel, or business and can be non-transient or transient. Non-transient systems serve ≥25 of the same persons for >6 months of the year but not year-round (e.g., factories and schools), whereas transient systems provide water to places in which persons do not remain for long periods (e.g., restaurants, highway rest stations, and parks). Individual water systems are small systems not owned or operated by a water utility that have <15 connections or serve <25 persons.

† Number used for EPA reporting that uniquely identifies the public water system within a specific state. The water system ID number can be found by searching the Safe Drinking Water Information System (SDWIS) online at <https://ofmpub.epa.gov/apex/sfdw/f?p=108:200>.

**Implicated water — other and undetermined exposure to water description**

System or source of the water <i>(e.g., cooling tower; refer to list in Appendix E)</i>	Setting of exposure <i>(e.g., hotel/motel; refer to list in Appendix E)</i>	(OTHER AND ENVIRONMENTAL EXPOSURES TO WATER OUTBREAKS ONLY) <b>Was the water system/source treated to reduce or prevent the risk of disease transmission?</b>	(OTHER AND ENVIRONMENTAL EXPOSURES TO WATER OUTBREAKS ONLY) <b>If yes, how was the water in the system/source treated?</b>

**Water setting of exposure remarks**


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**Associated Events** *Refer to list in Appendix E*

**Was exposure associated with a specific event(s) or gathering(s)?**  Yes (*specify*): \_\_\_\_\_  No  Unknown

**Long-term Care Outbreaks** *Complete this section only if "Long-term care/nursing home/assisted living facility" is selected as a setting above***Types of care affected** *(Select all that apply)*

- Nursing home/skilled nursing  
 Assisted living  
 Independent living *(in continuous care community)*  
 Intermediate care  
 Memory care  
 Other (*specify*): \_\_\_\_\_

**School Outbreaks** *Complete this section only if "School/College/University" is selected as a setting above***1. Did the outbreak involve one or more schools?**

- One  More than one (number of schools: \_\_\_\_\_)  Unknown

**2. Grades affected** *(Select all that apply)*

- K  1  2  3  4  5  6  7  8  9  10  11  12  
 College/university/technical school  
 Unknown or undetermined grade level(s)

**3. Number of schools with public or private funding** *(If a single school was involved, write "1" next to the funding type):*

Public: \_\_\_\_\_ Private: \_\_\_\_\_ Unknown or undetermined: \_\_\_\_\_

**Correctional or Detention Facility Outbreaks** *Complete this section only if "Correctional/Detention Facility" is selected as a setting above*

**1. What was the name of the correctional/detention facility?** \_\_\_\_\_

**2. Is the facility run by the government or by a privately contracted business?**

- Government  Private  Unknown

**3. What was the type of facility?**

- Federal prison  Juvenile detention center  Other (*specify*): \_\_\_\_\_  
 State prison  Immigration detention center  
 State/local jail  Unknown

**Complete for foodborne disease outbreaks only:****4. Who is involved in food preparation at this facility?**

- Inmate food workers**  Yes  No  Unknown  
**Other food workers**  Yes  No  Unknown

**5. If contamination from a food worker was a contributing factor (also answer yes in the Food Contributing Factors section), were any of the following types of food workers implicated?** *(cite C9, C10, or C11 within the food contributing factors section)*

- Inmate food workers**  Yes  No  Unknown  
**Other food workers**  Yes  No  Unknown



**Attack Rates** *Complete for person-to-person, environmental contamination, and indeterminate/unknown outbreaks that occurred in a single setting only*

Group	Estimated # exposed*	Estimated # ill	Crude attack rate [(estimated # ill / estimated # exposed) x 100]
Residents, guests, attendees, patients, etc.	#	#	%
Staff, crew, etc.	#	#	%

\*e.g., number of persons who attended, or were residents in nursing home, or were on affected ward

**Animal Contact Section** *Complete for animal contact outbreaks***Animal vehicle undetermined?**     Yes     No**If animal vehicle undetermined, reason(s) supporting animal contact as the mode of transmission** *(Select all that apply)*

- Epidemiologic evidence       Environmental evidence       Other *(specify):* \_\_\_\_\_
- Laboratory evidence       Traceback investigation

Question	Animal Vehicle 1	Animal Vehicle 2	Animal Vehicle 3
Animal type			
Vehicle confirmed or suspected			
Reason(s) confirmed or suspected <i>Enter all from list in Appendix E</i>			
Animal(s) experienced diarrhea or illness that could be related to outbreak illnesses?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Animal(s) imported to U.S.?	<input type="radio"/> Yes, country: _____ <input type="radio"/> Yes, country unknown <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes, country: _____ <input type="radio"/> Yes, country unknown <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes, country: _____ <input type="radio"/> Yes, country unknown <input type="radio"/> No <input type="radio"/> Unknown
Did the animal(s) implicated in the outbreak meet any of the following criteria? <i>(Select all that apply)</i>	<input type="checkbox"/> Backyard/residential livestock or poultry <input type="checkbox"/> Commercial livestock or poultry <input type="checkbox"/> Pet/companion animal <input type="checkbox"/> Interactive exhibit animal <input type="checkbox"/> Wild animal/wild game <input type="checkbox"/> Other <i>(specify):</i> _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Backyard/residential livestock or poultry <input type="checkbox"/> Commercial livestock or poultry <input type="checkbox"/> Pet/companion animal <input type="checkbox"/> Interactive exhibit animal <input type="checkbox"/> Wild animal/wild game <input type="checkbox"/> Other <i>(specify):</i> _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Backyard/residential livestock or poultry <input type="checkbox"/> Commercial livestock or poultry <input type="checkbox"/> Pet/companion animal <input type="checkbox"/> Interactive exhibit animal <input type="checkbox"/> Wild animal/wild game <input type="checkbox"/> Other <i>(specify):</i> _____ <input type="checkbox"/> Unknown

**1.** How many animals were involved in the outbreak? \_\_\_\_\_ #    or     Unknown    **a.** How many animals died during the outbreak period of interest? \_\_\_\_\_ #    or     Unknown    **b.** How many animal deaths were presumed to be the result of outbreak-associated illness? \_\_\_\_\_ #    or     Unknown**2.** Was the animal's living environment implicated as a source of the outbreak?     Yes     No     Unknown**3.** If any outbreak-associated case-patients were exposed in the workplace, specify the occupation(s) of primary cases exposed in the workplace  
*(Select all that apply)*

- Farm/dairy worker  
 Pet store worker  
 Agricultural store worker *(e.g., farm/rural supply store)*  
 Processing plant/slaughterhouse worker  
 Other *(specify):* \_\_\_\_\_

**4.** Was pet food or animal feed implicated as a source?     Yes     No     Unknown

If yes, specify:

- Prepackaged pet food       Commercially prepared "raw" pet food       Other *(specify):* \_\_\_\_\_  
 Homemade pet food       Feed *(e.g., livestock feed, poultry feed, fish feed)*       Unknown  
 Frozen or fresh feeder rodents or chicks  
 Pet treats or chews



5. Was the "Compendium of Measures to Prevent Disease Associated with Animals in Public Settings" used during the investigation?

Yes  No  Unknown

#### Animal Contact Remarks

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### Fungal Disease Outbreaks *Complete for blastomycosis, coccidioidomycosis, histoplasmosis, and sporotrichosis outbreaks*

#### Treatments

Treatment	# Cases	# Cases with info available
Treated with systemic antibacterial medication before fungal infection was diagnosed ( <i>e.g., oral, IV</i> )	#	#
Treated with systemic antifungal medication ( <i>e.g., oral, IV</i> )	#	#

#### Environmental Sampling

Environmental samples collected?  Yes  No  Unknown

#### Results:

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#### Contributing Factors *Select all that apply*

- |  |  |
|--|--|
| <input type="checkbox"/> Demolition, construction, or renovation | <input type="checkbox"/> Natural disaster or phenomenon<br>( <i>e.g., earthquake, dust storm</i> ) ( <i>specify</i> ): _____ |
| <input type="checkbox"/> Disruption of bat droppings             | <input type="checkbox"/> Bats ( <i>specify</i> ): _____  |
| <input type="checkbox"/> Disruption of bird droppings            | <input type="checkbox"/> Birds ( <i>specify</i> ): _____   |
| <input type="checkbox"/> Disruption of plant matter              | <input type="checkbox"/> Other ( <i>specify</i> ): _____   |
| <input type="checkbox"/> Disruption of soil                      | <input type="checkbox"/> Unknown   |

#### Occupational Exposures

**Specify major industry/industries\*** (*employer's type of business, e.g., hospital, elementary school, clothing manufacturing, restaurant*):

**Specify major occupation(s)\*** (*type of work, e.g., registered nurse, janitor, cashier, auto mechanic*):

\*Resources for industry and occupation coding are available at: <https://www.cdc.gov/niosh/topics/coding/collecting.html>

#### Personal Protective Equipment (PPE)

PPE use	# Cases	# Cases with info available
Wore PPE at any time during the suspected exposure	#	#

Specify type(s) of PPE: \_\_\_\_\_

**Food Section** *Complete for food outbreaks*
**Food vehicle undetermined?**       Yes     No

**If food vehicle undetermined, reason(s) supporting foodborne as the mode of transmission** *(Select all that apply)*

- 
- Epidemiologic evidence
- 
- Traceback investigation
- 
- 
- Laboratory evidence
- 
- Other
- (specify):*
- 
- 
- Environmental evidence

Question	Food Vehicle 1	Food Vehicle 2	Food Vehicle 3
Name of food			
Vehicle confirmed or suspected			
Reason(s) confirmed or suspected <i>Enter all from list in Appendix E</i>			
Ingredient(s) <i>Enter all</i>			
Contaminated ingredient(s) <i>Enter all</i>			
Method of processing <i>Enter all from list in Appendix E</i>			
Level of preparation <i>Enter all from list in Appendix E</i>			
Method of preparation & service <i>Enter all from list in Appendix E</i>			
Type of packaging <i>Enter all from list in Appendix E</i>			
Contaminated food imported to U.S.?	<input type="radio"/> Yes, country: _____ <input type="radio"/> Yes, country unknown <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes, country: _____ <input type="radio"/> Yes, country unknown <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes, country: _____ <input type="radio"/> Yes, country unknown <input type="radio"/> No <input type="radio"/> Unknown
Was product produced under U.S. domestic regulatory oversight?	<input type="radio"/> Yes, federal <input type="radio"/> Yes, state only <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes, federal <input type="radio"/> Yes, state only <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes, federal <input type="radio"/> Yes, state only <input type="radio"/> No <input type="radio"/> Unknown
Was product sold under U.S. domestic regulatory oversight?	<input type="radio"/> Yes, federal <input type="radio"/> Yes, state only <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes, federal <input type="radio"/> Yes, state only <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes, federal <input type="radio"/> Yes, state only <input type="radio"/> No <input type="radio"/> Unknown
<b>Does the location of preparation have a certified food protection manager?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown If yes, is the certified manager on-site during all hours of operation for the location of preparation? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			

Was an infectious food worker implicated as the source of contamination?  Yes  No  Unknown  
 If yes, select C9, C10, or C11 below

**Food Contributing Factors** *Select all that contributed to this outbreak*

Select if contributing factors unknown

**Point of final preparation/sale (POS):** restaurant, grocery store, private home/residence

**Before point of final preparation/sale:**

- Pre-Harvest: farm or dairy, harvest area, growing field
- Post-Harvest: processing or pasteurization plant, distribution or storage facility, during transit
- Unknown if pre or post-harvest: occurred before point of final prep/sale, but point unknown

**Contamination Factors:**

If no contamination factor available to enter, please select reason:

- N/A (does not apply to etiologic agent)  Unknown  None identified

Factor code	Factor	Source(s)	
C1	<input type="checkbox"/> Toxin or chemical agent naturally part of tissue in food (e.g., ciguatera, scombroid, mushroom poisoning)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C2	<input type="checkbox"/> Poisonous substance or infectious agent <b>intentionally</b> added to food to cause illness (does not include injury)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C3	<input type="checkbox"/> Poisonous substance <b>accidentally/inadvertently</b> added to food (e.g., cleaning compound or metallic ingredients accidentally added to food)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C4	<input type="checkbox"/> Ingredients toxic in large amounts <b>accidentally</b> added to food (e.g., niacin poisoning in bread, nitrites in cured meat)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C5	<input type="checkbox"/> Container or equipment used to hold or convey food was made with toxic substances (e.g., galvanized container used to store acidic food/beverage, flour stored in container that previously held toxic materials)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C6	<input type="checkbox"/> Food contaminated by animal or environmental source <b>at point of final preparation/sale</b> (restaurant, private home, grocery store, etc.) (e.g., mouse feces in pantry, leaking roof in restaurant)	<input type="checkbox"/> Point of Final Prep/Sale	
C7	<input type="checkbox"/> Food contaminated by animal or environmental source <b>before arriving at point of final preparation</b> (pre or post-harvest) (e.g., shellfish from polluted waters, crops contaminated by irrigation water, Salmonella in eggs, peanut butter in processing plant)	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Post-Harvest	<input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C8	<input type="checkbox"/> Cross-contamination of foods, excluding infectious food workers/handlers (e.g., contamination of vehicle via contaminated surface, food, or fomites including, but not limited to, worker's hand, cutting board, preparation table, utensils, processing line)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C9	<input type="checkbox"/> Contamination from infectious food worker/handler through <b>bare-hand contact</b> with food	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C10	<input type="checkbox"/> Contamination from infectious food worker/handler through <b>gloved-hand contact</b> with food	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C11	<input type="checkbox"/> Contamination from infectious food worker/handler through <b>unknown type of hand contact</b> with food or <b>indirect contact</b> with food (e.g., contact with utensils in food)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C12	<input type="checkbox"/> Contamination from infectious <b>non-food worker/handler</b> through direct or indirect contact with food (e.g., contact with utensils in food)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
C13	<input type="checkbox"/> Other source of contamination (specify): _____	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest

**Proliferation Factors: Bacterial and fungal outbreaks only**

If no proliferation factor available to enter, select reason:

 N/A (does not apply to etiologic agent)
  Unknown
  None identified

Factor code	Factor	Source(s)
P1	<input type="checkbox"/> Allowing foods to remain out of temperature control for a prolonged period of time <b>during preparation</b> (e.g., lengthy preparation time, allowing frozen foods to thaw at room temperature)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P2	<input type="checkbox"/> Allowing foods to remain out of temperature control for a prolonged period of time <b>during food service or display</b> (e.g., during buffet line)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P3	<input type="checkbox"/> Inadequate <b>cold holding temperature</b> due to <b>malfunctioning refrigeration equipment</b>	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P4	<input type="checkbox"/> Inadequate <b>cold holding temperature</b> due to an <b>improper practice</b> (e.g., overloaded refrigerator/cooler, storing food above fill line)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P5	<input type="checkbox"/> Inadequate <b>hot holding temperature</b> due to <b>malfunctioning equipment</b>	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P6	<input type="checkbox"/> Inadequate <b>hot holding temperature</b> due to an <b>improper practice</b> (e.g., steam table not turned on, overloaded hot holder/crockpot used to heat or reheat food)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P7	<input type="checkbox"/> Improper cooling of food (e.g., food refrigerated in large quantities during cooling process)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P8	<input type="checkbox"/> Extended refrigeration of food for an unsafe amount of time, relative to the food product and pathogen (e.g., Listeria growth after refrigeration of deli meat for more than 7 days)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P9	<input type="checkbox"/> Inadequate Reduced Oxygen Packaging (ROP) of food (e.g., vacuum-packed fish, salad in gas-flushed bag, garlic packaged in oil)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P10	<input type="checkbox"/> Inadequate non-temperature dependent processes (e.g., acidification, water activity, fermentation) applied to a food to prevent pathogens from multiplying	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
P11	<input type="checkbox"/> Other situations that promoted or allowed microbial growth or toxic production (specify): _____	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest

**Survival Factors: Bacterial, viral, parasitic, and fungal outbreaks only**

If no survival factor available to enter, select reason:

 N/A (does not apply to etiologic agent)
  Unknown
  None identified

Factor code	Factor	Source(s)
S1	<input type="checkbox"/> Inadequate time and temperature control during <b>initial cooking/thermal processing of food</b> (e.g., inadequate pasteurization of milk, inadequate cooking of meats/poultry prior to service)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
S2	<input type="checkbox"/> Inadequate time and temperature control during <b>reheating</b> of food (e.g., insufficient reheating of sauces)	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
S3	<input type="checkbox"/> Inadequate time and temperature control during <b>freezing</b> of food designed for pathogen destruction	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
S4	<input type="checkbox"/> Inadequate non-temperature dependent processes (e.g., acidification, water activity, fermentation) applied to food to prevent pathogen from surviving	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location <input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest

Factor code	Factor	Source(s)	
S5	<input type="checkbox"/> No attempt was made to inactivate the contaminant through initial cooking/thermal processing, freezing, or chemical processes	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest
S6	<input type="checkbox"/> Other process failures that permit pathogen survival ( <i>specify</i> ): _____	<input type="checkbox"/> Point of Final Prep/Sale <input type="checkbox"/> Before POS; Post-Harvest <input type="checkbox"/> Unknown location	<input type="checkbox"/> Before POS; Pre-Harvest <input type="checkbox"/> Before POS; Unknown Pre- or Post-Harvest

**Food Contributing Factors Remarks:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Traceback & Recall** *Complete only for food and animal contact outbreaks*

**Traceback Investigation** *Include all traceback points that played a role in the contamination of the implicated vehicle or helped amplify or spread the contaminant, and any details regarding the implicated point of service/sale*

Traceback point(s)	1	2	3
<b>Company name</b>			
<b>Company type</b> <i>Description of implicated company (e.g., restaurant, retailer, farm, breeder, supplier/distributor, manufacturer, processor, producer, etc.)</i>			
<b>Country</b>			
<b>State</b>			
<b>Traceback findings</b> <i>Select all that apply from list in Appendix E</i>			

What federal agencies were involved in the traceback investigation? (*Select all that apply*)

- CDC  FDA  USDA/APHIS  USDA/FSIS  Other (*specify*): \_\_\_\_\_  None

**Recall**

Food product was recalled

Exact item(s) recalled: \_\_\_\_\_

Link to official recall announcement(s): \_\_\_\_\_

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Water Section** *Complete for water outbreaks*

**Supporting evidence**

1. Estimated total number of persons with primary water exposure: \_\_\_\_\_ #

2. What evidence implicated the water exposure(s)? (*Select all that apply*)

- Epidemiologic data  Clinical laboratory data  Environmental health data  Prior experience makes this a likely source

3. Were data collected to estimate association (*e.g., odds ratio*)?  Yes  No  Unknown

a. If **no or unknown**, was water the common source shared by persons who were ill?  Yes  No  Unknown

b. If **yes**, please provide the epidemiologic data that implicates the water exposure:

Exposure description	Attack rate <i>(number ill/number exposed as n/N)</i>	Effect measure <i>(numeric)</i>	Type of effect measure <i>(e.g., odds ratio, relative risk)</i>	p-Value	95% confidence interval

## Water Remarks

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## Legionella and Other Biofilm-Associated Pathogens

## Additional questions for biofilm-associated pathogens

1. Did the outbreak occur in a facility with any of the following characteristics? (Select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> >10 stories  | <input type="checkbox"/> Supplemental building disinfection system |
| <input type="checkbox"/> "Green" components (e.g., low-flow engineering)                                      | <input type="checkbox"/> Centralized hot water system              |
| <input type="checkbox"/> Construction in building within the last six months                                  | <input type="checkbox"/> Other (specify): _____                    |
| <input type="checkbox"/> Construction nearby within the last six months                                       | <input type="checkbox"/> Unknown                                   |
| <input type="checkbox"/> Associated cooling towers  | <input type="checkbox"/> None                                      |
| <input type="checkbox"/> Other associated aerosolizing devices (e.g., hot tub, decorative fountains, misters) |  |

Facility characteristic remarks: \_\_\_\_\_

2. Did the facility have a water management program in place before the outbreak?     Yes     No     Unknown

a. If yes, which of these elements did the program include: (Select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Multi-disciplinary water management program team   | <input type="checkbox"/> Method of plan verification (e.g., pathogen testing, clinical surveillance) |
| <input type="checkbox"/> Diagram of the building's water system   | <input type="checkbox"/> Documentation of water management program performance and activities        |
| <input type="checkbox"/> Identification of control points/locations (e.g., areas of potential Legionella growth and spread)         | <input type="checkbox"/> Unknown   |
| <input type="checkbox"/> Established control limits   | <input type="checkbox"/> None  |
| <input type="checkbox"/> Regular water parameter testing (e.g., disinfectant, temperature, pH)                                      |  |
| <input type="checkbox"/> Plan for implementing corrective action (tasks taken when monitoring values are outside of control limits) |  |

b. If yes, who designed the water management program: (Select all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Facility                 | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Outside contractor       | <input type="checkbox"/> Unknown                |
| <input type="checkbox"/> Public health department |   |

3. Were recommendations provided to the facility to decrease the risk of Legionella or other biofilm-associated pathogen exposure?

Yes     No     Unknown     Not applicable

a. If yes, please select all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Flushing potable water system                         | <input type="checkbox"/> Water restrictions (e.g., discontinuing use of showers, faucets, or other water uses) |
| <input type="checkbox"/> Superheat potable water system                        | <input type="checkbox"/> Closure of an associated device (e.g., shutdown of a fountain, hot tub)               |
| <input type="checkbox"/> Implement secondary potable water disinfection system | <input type="checkbox"/> Other (specify): _____  |
| <input type="checkbox"/> Implement point of use filter(s)                      |  |
| <input type="checkbox"/> Hyperchlorination of potable water system             |  |
| <input type="checkbox"/> Hyperchlorination of recreational water system        |  |
| <input type="checkbox"/> Low level chlorination of potable water system        |  |

4. Were samples tested for Legionella at a laboratory participating in a national proficiency program (e.g., ELITE, ELAP, AIHA)?

Yes     No     Unknown     Not applicable

## Biofilm-associated pathogen remarks

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## Recreational Water — Treated Venue

## Water quality management — treated recreational water

1. Was water venue(s) inspected in the 6 months before the outbreak?     Yes     No     Unknown     Not applicable

[NOTE: If yes, attach inspection report(s)]

**Treated recreational water remarks**

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**Factors contributing to recreational water contamination or increased exposure in treated venues**

Factor	Recreational water ( <i>treated venue</i> ) contributing factors <i>Select all that apply*</i>	Documented/observed or Suspected <sup>†</sup>
<b>Unknown</b>	<input type="checkbox"/> Contributing factors are unknown	N/A
<b>People</b>	<input type="checkbox"/> Maximum bather load exceeded	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Water venue(s) primarily used by children ages <5 years	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Fecal/vomit incident in water	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Patrons or staff entered the water when ill with diarrhea	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
<b>Facility Design</b>	<input type="checkbox"/> Hygiene facilities ( <i>e.g., toilets, diaper-changing stations</i> ) inadequate or distant from water venue(s)	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Cross connection with other water venue(s) or with wastewater/ non-potable water	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Ventilation insufficient in indoor aquatic facility	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> New construction or alteration of water venue or indoor facility	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
<b>Maintenance</b>	<input type="checkbox"/> Chemical feed continues when no or low water in recirculation system	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Disinfection ( <i>e.g., chlorine, bromine</i> ) inadequate or absent	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Disinfection ( <i>e.g., chlorine, bromine</i> ) excessive	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Chloramine concentration >0.4 ppm	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Filtration system malfunctioning or inadequate	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Recirculation pump off or restarted with swimmers in water	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> No regular scrubbing to remove slime/biofilm	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> No regular hot tub/spa draining	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
<b>Policy and management</b>	<input type="checkbox"/> Stagnant water in hot tub/spa piping	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> No qualified operator <sup>§</sup> on payroll or under contract	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> No qualified operator <sup>§</sup> or responsible supervisor <sup>†</sup> on duty during outbreak	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Water quality monitoring ( <i>e.g., test kit, testing frequency</i> ) inadequate or absent	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Record keeping ( <i>e.g., water quality testing results, fecal incident response</i> ) inadequate or absent	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Employee illness policies not enforced or absent	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Water venue(s) not regulated as recreational water venue(s) ( <i>e.g., does not meet state/local definition</i> )	<input type="radio"/> Documented/observed <input type="radio"/> Suspected

\*Only select what was found during investigation.  
<sup>†</sup>“Documented/observed” refers to information gathered through document reviews, direct observations, and/or interviews. “Suspected” refers to factors that probably occurred but for which no documentation (as defined previously) is available.  
<sup>§</sup>A qualified operator is defined as someone who has completed training approved by appropriate state/local officials.  
<sup>†</sup>A responsible supervisor is defined as someone who conducts and records results of water quality testing, properly maintains water quality, performs general maintenance procedures, and identifies when to close venues to protect public health without a full-time onsite qualified operator.

**Other contributing factors**

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**Recreational Water — Untreated Venue**

**Water quality management — untreated recreational water**

1. Did the venue meet recreational water quality standards (e.g., applicable local, state, or Environmental Protection Agency [EPA] criteria) at the time of the outbreak?  
 Yes     No     Unknown     Not applicable
2. Do you have microbiological water quality testing results collected in the 3 months before the outbreak?  
 Yes     No     Unknown

**[NOTE: If yes, please attach results]**

**Untreated recreational water remarks**

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**Factors contributing to recreational water contamination and/or increased exposure in untreated venues**

Factor	Recreational water (untreated venue) contributing factors <i>Select all that apply*</i>	Documented/observed or Suspected <sup>†</sup>
<b>Unknown</b>	<input type="checkbox"/> Contributing factors are unknown	N/A
<b>People</b>	<input type="checkbox"/> Maximum bather load exceeded	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Water venue(s) primarily used by children ages <5 years	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Fecal/vomit incident in water	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Patrons or staff entered the water when ill with diarrhea	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Stagnant or poorly circulating shallow water in swim area	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
<b>Environment</b>	<input type="checkbox"/> Heavy rainfall and runoff	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Algal bloom	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Seasonal variation in water quality	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Animal contamination: Domestic: pet (e.g., dog)	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Animal contamination: Domestic: livestock (e.g., cow, pig)	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Animal contamination: Wildlife: birds (e.g., goose)	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Animal contamination: Wildlife: Other (specify): (e.g., deer)	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Animal contamination: Other (specify):	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Sewage contamination: Wastewater treatment plant, sewer system	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Sewage contamination: Septic tanks	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Improper dumping of sewage (e.g., from boat, RV)	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Application or release of chemical	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
<b>Policy and management</b>	<input type="checkbox"/> No trained beach manager <sup>§</sup> on payroll or under contract	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> No trained beach manager <sup>§</sup> on duty when initial outbreak exposure	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Monitoring of microbiological water quality (e.g., frequency, site of water sample collection) inadequate or absent	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Inadequate communication (e.g., signage, website posting) to patrons of poor recreational water quality or closures	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Hygiene facilities (e.g., toilets, diaper-changing stations) inadequate or distant from water venue(s)	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Water venue(s) not designated and managed by state/local jurisdiction(s) as recreational water venue(s)	<input type="radio"/> Documented/observed <input type="radio"/> Suspected

\*Only select what was found during investigation.

<sup>†</sup> "Documented/observed" refers to information gathered through document reviews, direct observations, and/or interviews. "Suspected" refers to factors that probably occurred but for which no documentation (as defined previously) is available.

<sup>§</sup>A trained beach manager is defined as someone who has successfully completed training approved by appropriate state/local officials.

**Other contributing factors**


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**Drinking Water Systems****Water quality management — drinking water system(s)**

1. Did the drinking water system(s) have any monitoring violations in the 1 month before the outbreak?

Yes     No     Unknown     Not applicable

a. If yes, explain: \_\_\_\_\_

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2. Did the drinking water system(s) have any maximum contaminant level (MCL) violations in the 1 month before the outbreak?

Yes     No     Unknown     Not applicable

a. If yes, explain: \_\_\_\_\_

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3. Did the drinking water system(s) have any violations in the 12 months before the outbreak?<sup>§</sup>

Yes     No     Unknown     Not applicable

a. If yes, explain: \_\_\_\_\_

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<sup>§</sup> Sources of information about past violations can be obtained from utility records, consumer confidence reports (water quality reports), or violation records from state or local health departments

**Drinking water remarks**


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**Factors contributing to drinking water contamination or increased exposure to contaminated drinking water****Location in system contributing to drinking water contamination**

1. Was there a problem with the quality of the source water?

Yes (See contributing factor section 1 below)     No     Unknown

2. Was water quality affected by a problem occurring with the water treatment or within the distribution system before entry into a building or house?

Yes (See contributing factor section 2 below)     No     Unknown

(NOTE: For a community water system, distribution refers to the system of pipes and storage infrastructure under the jurisdiction of the water utility prior to the water meter or property line if the system is not metered. For non-community and non-public water systems, distribution refers to the system of pipes and storage infrastructure prior to entry into a building or house)

3. Was water quality affected by a problem occurring after the water meter or outside the jurisdiction of a water utility?

(e.g., in a service line leading to a house/building, in the plumbing inside a house/building, during shipping/hauling, during storage other than in the distribution system, at the point of use, involving commercially-bottled water)

Yes (See contributing factor section 3 below)     No     Unknown

Drinking Water Contributing Factors		
Factor	Drinking water contributing factors <i>Select all that apply*</i>	Documented/observed or Suspected <sup>†</sup>
<b>Unknown</b>	<input type="checkbox"/> Contributing factors are unknown	N/A
<b>Source water</b>	<input type="checkbox"/> Groundwater under direct influence of surface water ( <i>e.g., shallow well</i> )	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Contamination through limestone or fissured rock ( <i>e.g., karst</i> )	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Use of alternative source of water by a water utility	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Algal bloom	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Domestic animal contamination ( <i>e.g., livestock, concentrated feeding operation, pets</i> )	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Wildlife contamination	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Improper construction, location, or maintenance of a well or spring	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Extreme weather in area ( <i>e.g., flooding/heavy rains, drought</i> )	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Contamination from agricultural chemical application ( <i>e.g., fertilizer, pesticides</i> )	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Contamination from chemical pollution not related to agricultural application	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Wastewater contamination of drinking water source ( <i>e.g., septic system contaminating groundwater, community sewer system malfunction or overflow</i> )	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
<b>Water treatment/distribution system</b>	<input type="checkbox"/> Filtration inadequate or absent in drinking water system	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Disinfection ( <i>e.g., chlorine, monochloramine</i> ) inadequate or absent in drinking water system	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Aging or corroded water distribution components ( <i>e.g., pipes, tanks, valves</i> )	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Low water pressure event <sup>§</sup> in the distribution system	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Wastewater contamination after water treatment ( <i>e.g., cross connection or malfunctioning back-flow preventer in distribution system</i> )	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
<b>Outside water utility jurisdiction or at point of use</b>	<input type="checkbox"/> Temperatures in optimal range for opportunistic plumbing pathogen growth	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Disinfectant ( <i>e.g., chlorine, monochloramine</i> ) inadequate or absent in building water system	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Stagnation of water in building water system ( <i>e.g., sporadic occupancy, poorly designed water system, interruption in water supply</i> )	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Construction in or around building	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Water system components ( <i>e.g., pipe, tanks, disinfectant system, thermostat, valves</i> ) not functioning as designed	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Equipment/device ( <i>e.g., soda machine</i> ) contamination or failure ( <i>e.g., leaching from device's water line, manufacturer maintenance recommendations not followed, design flaw</i> )	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Missing or poor adherence to industry compliant water management programs	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Contamination of commercially-bottled water at point of use	<input type="radio"/> Documented/observed <input type="radio"/> Suspected

\*Only select what was found during investigation.

<sup>†</sup>“Documented/observed” refers to information gathered through document reviews, direct observations, and/or interviews. “Suspected” refers to factors that probably occurred but for which no documentation (as defined previously) is available.

<sup>§</sup>Low water pressure is relative to what is normally observed in the distribution system. Sources of low pressure could include events such as main breaks, maintenance activities, issues with back-flow or cross-connections, pump station activity, service interruptions (e.g., due to power outages), hydrant flushing, and heightened water demand.

**Other contributing factors**

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**Other Exposures to Water, Including Other Environmental Exposures to Water**

**Implicated water — water exposure description**

1. How did the exposure(s) to the water system/source occur? Refer to list in Appendix E \_\_\_\_\_

**Other exposures to water remarks**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Factors contributing to contamination and/or increased exposure to contaminated water**

Factor	Contributing factors <i>Select all that apply*</i>	Documented/observed or Suspected <sup>†</sup>
<b>Unknown</b>	<input type="checkbox"/> Contributing factors are unknown	N/A
<b>Cross cutting</b>	<input type="checkbox"/> Missing or poor adherence to industry compliant water management programs	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Presence of dirt, organic matter, or other debris in the basin or fill	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Construction in or around the building	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Missing or inadequate disinfectant	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Lack of a written cleaning and maintenance plan/program	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Temperatures in optimal range for opportunistic plumbing pathogen growth	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Broken/damaged sewer pipe	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
<b>Other</b>	<input type="checkbox"/> Recycling of water	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Improper start-up or shutdown procedures	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Presence of scale or corrosion	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Damaged or missing drift eliminators	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Missing or inadequate scale and corrosion inhibitors	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> History of recent repairs to the device	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Location of device near high risk area ( <i>e.g., building air intake, windows that can be opened</i> )	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Intended as an ornamental fountain but utilized as an interactive fountain	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
	<input type="checkbox"/> Inadequate disinfection for recreational use	<input type="radio"/> Documented/observed <input type="radio"/> Suspected
<input type="checkbox"/> Inadequate filtration for recreational use	<input type="radio"/> Documented/observed <input type="radio"/> Suspected	
<input type="checkbox"/> Presence of submerged lighting	<input type="radio"/> Documented/observed <input type="radio"/> Suspected	

\*Only select what was found during investigation.

<sup>†</sup> “Documented/observed” refers to information gathered through document reviews, direct observations, and/or interviews. “Suspected” refers to factors that probably occurred but for which no documentation (as defined previously) is available.

**Other contributing factors**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Undetermined Exposures to Water**

**Implicated water — water description**

1. Which water exposure(s) were suspected in the outbreak? *(Select all that apply)*

- Treated recreational water
- Untreated recreational water
- Drinking water in public or individual water systems
- Other exposures to water including environmental exposure to water
- Specific water exposure(s) could not be identified

**Undetermined exposure to water remarks**

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**Factors contributing to contamination and/or increased exposure to contaminated water**

1. Were any contributing factors documented or suspected<sup>†</sup> in this outbreak investigation?     Yes     No     Unknown

<sup>†</sup> “Documented” refers to information gathered through document reviews, direct observations, and/or interviews. “Suspected” refers to factors that probably occurred but for which no documentation (as defined previously) is available.

**If yes, please describe the contributing factors below.**

**Contributing factors**

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**Outbreak Detection & Investigation Methods**

**Outbreak Detection — How was the outbreak initially detected? *Select all that apply***

- |   |   |
|---|---|
| <input type="checkbox"/> Public complaint to health department  | <input type="checkbox"/> Notification from other CDC group                              |
| <input type="checkbox"/> Routine public health surveillance interview   | <input type="checkbox"/> Notification from other public health lab                      |
| <input type="checkbox"/> Notification from facility<br><i>(e.g., long-term care facility, school, prison, restaurant)</i> | <input type="checkbox"/> Website or social media <i>(e.g., Twitter, Yelp, Facebook)</i> |
| <input type="checkbox"/> Healthcare provider report   | <input type="checkbox"/> Media report from news outlet                                  |
| <input type="checkbox"/> Notification from CDC lab system <i>(e.g., PulseNet)</i>   | <input type="checkbox"/> Other <i>(specify):</i> _____                                  |

**Investigation Methods *Select all that apply***

**Epidemiologic**

- Binomial probability assessment
- Case-control study
- Case-case study
- Cohort study
- Interviews only of ill persons
- Other *(specify):* \_\_\_\_\_

**Environmental**

- Food preparation review
- Water system assessment: drinking water
- Water system assessment: non-potable water
- Treated or untreated recreational water venue assessment
- Environmental, food, water, animal, or sample testing
- Other *(specify):* \_\_\_\_\_

**Traceback**

- Food, animal, or water investigation
- Consumer purchase records *(e.g., shopper card)*
- Investigation at distributor, supplier, or production facilities *(e.g., factory, treatment plant)*
- Investigation at original source *(e.g., farm, water source)*
- Other *(specify):* \_\_\_\_\_

**Investigation methods comments**

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**Other Linked CDC Systems**

**NEARS**

NEARS Evaluation ID    1. \_\_\_\_\_    2. \_\_\_\_\_    3. \_\_\_\_\_    4. \_\_\_\_\_

**OHHABS**

OHHABS ID    1. \_\_\_\_\_    2. \_\_\_\_\_

**Interventions**

1. Were any interventions recommended or implemented to help stop the outbreak?  Yes  No  Unknown

a. If no, explain why none were recommended or implemented.

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b. If yes, what type(s) of interventions were recommended or implemented to help stop the outbreak? *Select all that apply in the table below using list in Appendix E.*

**Directions:**

**Intervention Type**

Any intervention type can be selected for any mode of transmission regardless of the header listed for each table below.

**Any Point of Intervention OR Point of Exposure**

Complete for all modes of transmission. For animal contact, foodborne, and indeterminate/unknown outbreaks, enter interventions at the point of exposure in the “**Any Point of Intervention OR Point of Exposure**” column.

**Recommended or implemented at other points of intervention**

Complete only for animal contact, foodborne, and indeterminate/unknown outbreaks for columns:

- **Point of distribution**
- **Point of processing**
- **Source**

**Facility/site/venue and equipment – Recommended and Implemented Interventions**

Intervention type	Any Point of Intervention OR Point of Exposure <i>(Complete for all modes of transmission. For animal contact, foodborne, and indeterminate/unknown outbreaks, enter interventions at the point of exposure)</i>	Point of distribution* <i>(e.g., shipping facility, transportation equipment)</i>	Point of processing* <i>(e.g., pasteurization plant)</i>	Source* <i>(e.g., farm)</i>
Facility/site/venue closed <i>(for at least 1 day)</i>				
Facility/site/venue closed <1 day or partially closed				
Cleaning protocol modified				
Facility/site/venue deep cleaned				
Equipment deep cleaned				
Equipment acquired, adjusted, repaired, replaced, or discarded				
Facility/site/venue physically or structurally modified				
Health promotion signage posted				
Personal protective equipment provided by facility				

\*Complete for animal contact, foodborne, and indeterminate/unknown outbreaks

**People – Recommended and Implemented Interventions**

<b>Intervention type</b>	<b>Any Point of Intervention OR Point of Exposure</b> <i>(Complete for all modes of transmission. For animal contact, foodborne, and indeterminate/ unknown outbreaks, enter interventions at the point of exposure)</i>	<b>Point of distribution*</b> <i>(e.g., shipping facility, transportation equipment)</i>	<b>Point of processing*</b> <i>(e.g., pasteurization plant)</i>	<b>Source*</b> <i>(e.g., farm)</i>
Ill workers excluded				
Ill workers restricted				
Ill children or persons excluded				
Ward(s) closed to new admissions				
Visitors excluded				
Asymptomatic persons' stools screened <i>(e.g., for exclusion)</i>				
Ill persons' stools screened <i>(e.g., for exclusion)</i>				
Vaccination or prophylaxis				
Isolation/quarantine/ cohorting				
Education/training <i>(e.g., hand washing, certification)</i>				

\*Complete for animal contact, foodborne, and indeterminate/unknown outbreaks

**Animals– Recommended and Implemented Interventions**

<b>Intervention type</b>	<b>Any Point of Intervention OR Point of Exposure</b> <i>(Complete for all modes of transmission. For animal contact, foodborne, and indeterminate/ unknown outbreaks, enter interventions at the point of exposure)</i>	<b>Point of distribution*</b> <i>(e.g., shipping facility, transportation equipment)</i>	<b>Point of processing*</b> <i>(e.g., pasteurization plant)</i>	<b>Source*</b> <i>(e.g., farm)</i>
Animal(s) quarantined or movement stopped				
Animal(s) relocated				
Herd culled				
Vaccination or prophylaxis				

\*Complete for animal contact, foodborne, and indeterminate/unknown outbreaks



**Food – Recommended and Implemented Interventions**

<b>Intervention type</b>	<b>Any Point of Intervention OR Point of Exposure</b> <i>(Complete for all modes of transmission. For animal contact, foodborne, and indeterminate/unknown outbreaks, enter interventions at the point of exposure)</i>	<b>Point of distribution*</b> <i>(e.g., shipping facility, transportation equipment)</i>	<b>Point of processing*</b> <i>(e.g., pasteurization plant)</i>	<b>Source*</b> <i>(e.g., farm)</i>
Menu modified				
Food preparation processes modified				
Self-service discontinued				
Food withdrawn (before recall)				
Food discarded				
Food embargoed				
Food source modified <i>(e.g., vendor)</i>				

\*Complete for animal contact, foodborne, and indeterminate/unknown outbreaks

**Water – Recommended and Implemented Interventions**

<b>Intervention type</b>	<b>Any Point of Intervention OR Point of Exposure</b> <i>(Complete for all modes of transmission. For animal contact, foodborne, and indeterminate/unknown outbreaks, enter interventions at the point of exposure)</i>	<b>Point of distribution*</b> <i>(e.g., shipping facility, transportation equipment)</i>	<b>Point of processing*</b> <i>(e.g., pasteurization plant)</i>	<b>Source*</b> <i>(e.g., farm)</i>
Water restrictions issued				
Water advisory issued <i>(e.g., drinking, swimming)</i>				
Water chemically treated <i>(e.g., hyperchlorination, secondary disinfection)</i>				
Water filtered				
Water system superheated				
Water system flushed				

\*Complete for animal contact, foodborne, and indeterminate/unknown outbreaks

**Other – Recommended and Implemented Interventions**

Intervention type	Any Point of Intervention OR Point of Exposure <i>(Complete for all modes of transmission. For animal contact, foodborne, and indeterminate/unknown outbreaks, enter interventions at the point of exposure)</i>	Point of distribution* <i>(e.g., shipping facility, transportation equipment)</i>	Point of processing* <i>(e.g., pasteurization plant)</i>	Source* <i>(e.g., farm)</i>
Other <i>(specify)</i> : _____				
Other <i>(specify)</i> : _____				
Other <i>(specify)</i> : _____				

\*Complete for animal contact, foodborne, and indeterminate/unknown outbreaks

**2. Were any public communications released for this outbreak? (e.g., press release or outbreak notice)**     Yes     No     Unknown

If yes, by what group(s)? *(Select all that apply)*

- State/local/territorial health department
- Other state/local/territorial government agency *(specify)*: \_\_\_\_\_
- Federal government
- Industry
- Facility
- Other *(specify)*: \_\_\_\_\_

**Remarks about interventions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Remarks**

**General Remarks** *Briefly describe any important aspects of the outbreak not covered above, including links to communications or publications.*

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**Please attach summaries or add links to relevant publications.  
Thank you for completing this form. These data will help us prevent illnesses.**