

Missouri Outbreak Report Form

Foodborne, Person-to-Person, Animal Contact, Environmental Contamination, and Unknown Transmissions

Please complete this form for outbreaks of foodborne, person-to-person, animal contact, environmental contamination and unknown transmissions. For waterborne transmission, please complete the NORS Waterborne Form and Formal Report - do NOT complete this form.

For instructions on how to complete specific fields within this form, please refer to the MORF Instructions or contact your District Epi Team.

An epi-curve should be submitted with this form or in the formal report, if a formal report is completed.

Revised JAN2018

1. Report Details

Completed By: _____

Date: _____ State Outbreak ID: ___ - CD - ___ CDC PulseNet Cluster/CaliciNet Outbreak Code: _____

2. Title of Investigation

3. Location of Outbreak

Facility/Location Name(s): _____

Street Address: _____ City: _____ State: _____ Zip: _____

4. Lead Investigating Agency

Public Health Agency: _____ Phone: _____

Name: _____ Fax: _____

Email: _____ District: _____

5. General Section

5A. Dates *mm/dd/yyyy*

Date first case became ill: _____ Date last primary case became ill: _____ Date last secondary case became ill: _____

Date of notification to Local Health Authorities: _____ Date of notification to State Health Authorities: _____

5B. Primary Mode of Transmission *Select one. For each item below, complete the General, Etiology, and Settings sections & additional sections as prompted.*

- | | |
|---|---|
| <input type="checkbox"/> Food <i>complete Food Sections, pp 8-10</i> | <input type="checkbox"/> Environmental contamination other than food/water |
| <input type="checkbox"/> Animal contact <i>complete Animal Contact Section, p 7</i> | <input type="checkbox"/> Healthcare Associated Infection (HAI) or MDRO <i>contact HAI Coordinator</i> |
| <input type="checkbox"/> Person-to-person <i>If influenza or ILI, complete Influenza Section, p 6</i> | <input type="checkbox"/> Other/Unknown |
| | <input type="checkbox"/> Water <i>*STOP* complete NORS Water Form and Formal Report</i> |

5C. Investigation Methods *Select all that apply.*

- | | | |
|--|--|--|
| <input type="checkbox"/> Medical Record/Line-List Review | <input type="checkbox"/> Water system assessment: Drinking water | <input type="checkbox"/> Food product or bottled water traceback |
| <input type="checkbox"/> Interview of ill persons (not case-control or cohort) | <input type="checkbox"/> Water system assessment: Non-potable water | <input type="checkbox"/> Environment/food/water sample testing |
| <input type="checkbox"/> Case-control study | <input type="checkbox"/> Treated or untreated recreational water venue assessment | <input type="checkbox"/> Healthcare associated traceback |
| <input type="checkbox"/> Cohort study | <input type="checkbox"/> Investigation at factory/production/treatment plant | <input type="checkbox"/> Other, <i>specify in space below</i> |
| <input type="checkbox"/> Food preparation review | <input type="checkbox"/> Investigation at original source (e.g., farm, water source, etc.) | |

Investigation Method Comments

5D. Geographic Location

Exposure County *select one and then list county(s) below*

- One county only
- Exposure occurred in multiple counties in exposure state*
- Exposure occurred in a single county, but cases resided in another county or multiple counties*

Exposure State *select one and then list state(s) below*

- One state only
- Exposure occurred in multiple states*
- Exposure occurred in a single state, but cases resided in another state or multiple states*

IF OUTSIDE U.S. - Exposure Country *if outside U.S. select one and then list country(s) below*

- One country only
- Exposure occurred in multiple countries
- Exposure occurred in a single country, but cases resided in another country or multiple countries

County(s): _____ State(s): _____ Country(s): _____

*For multistate exposure or multistate residency outbreaks, specify the case count for each state – eg MO (9), KS (3), AR (2)

5E. Primary Cases *Hover mouse here for instructions.*

Number of primary cases	#	Sex	#	Age	#		#		#		#
Lab-confirmed primary cases		Male		<1 year		5–9 years		20–49 years		≥ 75 years	
Probable primary cases		Female		1–4 years		10–19 years		50–74 years		Unknown	
Estimated total primary cases		Unknown									
Primary case outcomes				#	Total # of primary cases for whom info is available						
Died											
Hospitalized											
Visited ER											
Visited healthcare provider (excluding ER visits)											

Primary Case Incubation Period *Select appropriate units.*

Primary Case Duration of Illness *Among recovered cases, select appropriate units.*

Unknown incubation period

Unknown duration of illness

Shortest		Min, Hours, Days	Shortest		Min, Hours, Days
Median		Min, Hours, Days	Median		Min, Hours, Days
Longest		Min, Hours, Days	Longest		Min, Hours, Days
Total # of primary cases for whom info is available			Total # of primary cases for whom info is available		

Primary Case Signs or Symptoms *Complete signs/symptoms below, as applicable. Add additional signs/symptoms in blanks, as needed.*

Primary Case Sign/Symptom	# Yes	# No	# Unk	Total	Primary Case Sign/Symptom	# Yes	# No	# Unk	Total
Abdominal cramps					(fill in additional, as needed)				
Aching									
Bloody stools									
Cough									
Diarrhea									
Fever									
Headache									
Hemolytic Uremic Syndrome									
Itching									
Malaise									
Nausea									
Parotitis									
Rash									
Sore throat									
Vomiting									

5F. Secondary Cases *Hover mouse here for instructions.*

Mode of secondary transmission <i>Select all that apply.</i>	Number of secondary cases	#
<input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Animal contact <input type="checkbox"/> Person-to-person <input type="checkbox"/> Environmental contamination other than food/water <input type="checkbox"/> Other/unknown	Lab-confirmed secondary cases	
	Probable secondary cases	
	Estimated total secondary cases	
	Estimated total cases (Primary + Secondary)	

Secondary case outcomes	#	Total # of secondary cases for whom info is available
Died		
Hospitalized		
Visited ER		
Visited healthcare provider (excluding ER visits)		

5G. Control Measures *If no formal report, select all that apply.*

See Formal Report

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Provided education and/or educational materials (<i>select all that apply</i>): <ul style="list-style-type: none"> <input type="checkbox"/> Cleaning and Disinfection <input type="checkbox"/> Hygienic Practices (hand hygiene, cover your cough, etc) <input type="checkbox"/> Safe food handling <input type="checkbox"/> Disease (etiology, transmission, signs/symptoms, who to notify, etc) <input type="checkbox"/> Vaccines <input type="checkbox"/> Excluded ill high-risk employees (food/healthcare/childcare workers, etc) <input type="checkbox"/> Excluded ill from daycare/school/college/camp <input type="checkbox"/> Disinfection of facility and high-touch surfaces <input type="checkbox"/> Notified regulating agency (environmental, long-term care, child services, etc) | <ul style="list-style-type: none"> <input type="checkbox"/> Reviewed vaccination status of exposed <input type="checkbox"/> Personal protective equipment (PPE) <input type="checkbox"/> Isolation/quarantined <input type="checkbox"/> Cancelled group/congregating activities <input type="checkbox"/> Facility voluntarily closed <input type="checkbox"/> PEP/Prophylaxis for exposed/at-risk <input type="checkbox"/> Notification posted/distributed regarding outbreak <input type="checkbox"/> Site visit <input type="checkbox"/> Treated infected persons <input type="checkbox"/> Monitored for and notified health authorities of additional cases <input type="checkbox"/> Other, <i>specify below in "Comments"</i> |
|---|--|

Comments:

5H. Outbreak Case Definition *If no formal report, provide primary case definitions for confirmed, probable, and suspect primary cases. If applicable, also provide secondary case definitions (confirmed, probable, and suspect). Attach additional pages if needed.*

See Formal Report

Confirmed:

Probable:

Suspect:

5I. General Remarks *If no formal report, briefly describe important aspects of the outbreak not covered elsewhere in the MORF. Please indicate if any adverse outcomes occurred in special populations (e.g., pregnant women, immunocompromised persons).*

See Formal Report

6. Etiology Section *Hover mouse here for instructions.*

6A. Testing

Were any specimens collected and tested? Yes No Unknown *(If no or unknown, skip to *)*

Type of Sample	Tested? <i>(Yes/No/Unk)</i>	# Samples Tested?	What were they tested for? <i>(check all that apply)</i>	Test types <i>(select all test types used for clinical specimens)</i>
Human specimen			<input type="checkbox"/> Bacteria (or bacterial toxins) <input type="checkbox"/> Viruses <input type="checkbox"/> Parasites <input type="checkbox"/> Chemicals/Toxins <input type="checkbox"/> Unknown	<input type="checkbox"/> Chemical testing <input type="checkbox"/> Culture <input type="checkbox"/> DNA or RNA Amplification/Detection (e.g., PCR, RT-PCR) <input type="checkbox"/> Microscopy (e.g., Fluorescent, EM) <input type="checkbox"/> Rapid influenza diagnostic test <input type="checkbox"/> Serological/immunological test (e.g., EIA, ELISA) <input type="checkbox"/> Tissue culture infectivity assay <input type="checkbox"/> Other <i>(describe in space below)</i> <input type="checkbox"/> Unknown
Animal specimen				
Food				
Water				
Other environmental <i>specify in the space below</i>				

Comments: _____

Was antimicrobial susceptibility testing (AST) performed? Yes No Unknown
 If yes, where was AST performed? *(check all that apply)* Clinical lab Public health lab CDC-NARMS Other Unknown
 If yes, were any antimicrobial resistant isolates associated with the outbreak? Yes No Unknown

***Is there at least one confirmed or suspected etiology(s)?**
 Confirmed Suspected - *select all that apply below* No (unknown etiology) - *skip to Settings Section*
 Environmental evidence Other *(explain):*
 Epidemiologic evidence
 Laboratory evidence
 Prior experience makes this a likely source

6B. Etiology *Name all confirmed and/or suspected bacteria, chemicals/toxins, viruses, or parasites. If available, include the serotype.*

Confirmed or Suspected?	Agent <i>Be as specific as possible. If known, include genus/chemical/toxin, species, serotype/genotype.</i>	# of lab-confirmed cases	Detected In* <i>(enter code from key below)</i>

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

7. Settings Section *Hover mouse here for instructions.*

7A. Major Setting of Exposure *Select one.*

<input type="checkbox"/> Camp	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hotel/motel	<input type="checkbox"/> Religious facility	<input type="checkbox"/> Unknown
<input type="checkbox"/> Child day care	<input type="checkbox"/> Long-term care/nursing home/assisted living facility	<input type="checkbox"/> Office/indoor workplace	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other, specify in comments section below
<input type="checkbox"/> Event space	<input type="checkbox"/> Other healthcare facility - <i>Specify in comments</i>	<input type="checkbox"/> Prison/jail	<input type="checkbox"/> School/college/university	
<input type="checkbox"/> Festival/fair	<input type="checkbox"/> Shelter/group home/transitional housing	<input type="checkbox"/> Private home/residence	<input type="checkbox"/> Ship/boat	

Attack Rates for Major Setting of Exposure

Group <i>(based on setting)</i>	Estimated exposed in major setting	Estimated ill in major setting	Crude attack rate <i>[(estimated ill / estimated exposed) x 100]</i>
Residents, guests, passengers, patients, etc.			
Staff, crew, employees, etc.			

7B. Other Settings of Exposure *If you identified secondary cases, select all that apply.*

<input type="checkbox"/> Camp	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hotel/motel	<input type="checkbox"/> Religious facility	<input type="checkbox"/> Unknown
<input type="checkbox"/> Child day care	<input type="checkbox"/> Long-term care/nursing home/assisted living facility	<input type="checkbox"/> Office/indoor workplace	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other, specify in comments section below
<input type="checkbox"/> Event space	<input type="checkbox"/> Other healthcare facility	<input type="checkbox"/> Prison/jail	<input type="checkbox"/> School/college/university	
<input type="checkbox"/> Festival/fair	<input type="checkbox"/> Shelter/group home/transitional housing	<input type="checkbox"/> Private home/residence	<input type="checkbox"/> Ship/boat	

Comments: _____

8. Shigella Section – complete for all Shigella outbreaks

1. Did any case-patients report travel during exposure period? Yes No Unknown
- If yes, was travel international, domestic, or both? International Domestic Both Unknown
 - Locations of travel: _____
2. Were any confirmed, suspected, or probable case-patients immunocompromised (e.g., HIV/AIDS)? Yes No Unknown
3. Were there any confirmed, suspected, or probable cases among men who have sex with men? Yes No Unknown

9. Influenza and ILI Section

See formal report (if no formal report complete items below and provide remarks)

9A. Vaccination Rates

Group	Number of ill Vaccinated	Total number vaccinated (ill and well)
Residents, guests, passengers, patients, etc		
Staff, crew, employees, etc.		

9B. Influenza and ILI Remarks

10. Animal Contact Section – complete for animal contact primary mode of transmission

- Animal vehicle undetermined. Please select why animal transmission but vehicle undetermined, choose all that apply:
 Epidemiologic Laboratory Traceback and/or environmental investigation Other data* (specify in Animal Remarks Section below)

10A. Animal Information *Select all that apply.*

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> Cat or kitten | <input type="checkbox"/> Lizard | <input type="checkbox"/> Pet fish | <input type="checkbox"/> Other poultry | <input type="checkbox"/> Sheep or goats |
| <input type="checkbox"/> Dog or puppy | <input type="checkbox"/> Turtle | <input type="checkbox"/> Amphibian | <input type="checkbox"/> Bird, not including poultry | <input type="checkbox"/> Pig |
| <input type="checkbox"/> Other small mammalian household pet | <input type="checkbox"/> Other reptile | <input type="checkbox"/> Baby chick or duckling | <input type="checkbox"/> Cattle | <input type="checkbox"/> Other* (specify in Remarks below) |

Animal Breed/Species/Type	Confirmed or Suspected?	Reason(s) Confirmed or Suspected?*

**Reason(s) Confirmed or Suspected (choose all that apply): 1- Epidemiologic 2- Laboratory 3- Traceback/environmental investigation 4 - Other data* (specify in Remarks below)

10B. Exposure and Prevention Information

Settings of exposure (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Agricultural feed store | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Private home/ residence |
| <input type="checkbox"/> Animal shelter or sanctuary | <input type="checkbox"/> Live animal market | <input type="checkbox"/> School/college/ university |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Long-term care/ nursing home/ assisted living facility | <input type="checkbox"/> Veterinary clinic |
| <input type="checkbox"/> Child day care | <input type="checkbox"/> Pet store or other retail location | <input type="checkbox"/> Zoo or animal exhibit |
| <input type="checkbox"/> Farm/dairy | <input type="checkbox"/> Petting zoo | <input type="checkbox"/> Other (specify*) |
| <input type="checkbox"/> Festival or fair | <input type="checkbox"/> Prison/jail | <input type="checkbox"/> Unknown |

Was pet food or animal feed implicated as a potential source of the outbreak? Yes No Unknown

If yes, please specify:

- | | |
|---|--|
| <input type="checkbox"/> Prepackaged pet food | <input type="checkbox"/> Frozen or fresh feeder rodents |
| <input type="checkbox"/> Pet treats or chews | <input type="checkbox"/> Blended feed |
| <input type="checkbox"/> Homemade pet food | <input type="checkbox"/> Other* (specify in Remarks below) |
| <input type="checkbox"/> Commercially prepared 'raw' pet food | <input type="checkbox"/> Unknown |

Did any cases have exposure to livestock or household pets that were experiencing diarrhea? Yes No Unknown

What prevention measures or recommendations were used to stop the outbreak and prevent additional infections? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Handwashing | <input type="checkbox"/> None |
| <input type="checkbox"/> Quarantine/stop movement | <input type="checkbox"/> Other* (specify in Remarks below) |
| <input type="checkbox"/> Venue or event closure | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Removal of animals from setting | |

Was the "Compendium of Measures to Prevent Disease Associated with Animals in Public Settings" used in the investigation? Yes No Unknown

10C. Animal Contact Remarks **If "other" was chosen in any of the above options, please explain here.*

11. Food Section – complete for foodborne primary mode of transmission

Food vehicle undetermined. Please select why food transmission but vehicle undetermined, choose all that apply:

- Epidemiologic Laboratory Traceback and/or environmental investigation Other data (specify in Foodborne Remarks, pg 10)

11A. Implicated Food Item(s) ***If more than one food item is implicated, complete all fields in section 11A (this page) for each additional item.***

Name of food (excluding any preparation)

How many cases were exposed to the implicated food item? _____

Food item is, *select one:* Reason(s) confirmed or suspected, *select all that apply.*

- Confirmed Suspected Epidemiologic Laboratory Traceback and/or environmental investigation Other data (specify in Food Remarks, pg 10)

Ingredient(s) *Enter all that apply.*

Contaminated ingredient(s) *Enter all that apply.*

Reason(s) ingredient(s) confirmed or suspected *Select all that apply.*

- Epidemiologic Laboratory Traceback and/or environmental investigation Other data (specify in Food Remarks, pg 10)

Method of processing – Prior to point-of-service: Processor *Select all that apply.*

- | | |
|---|---|
| <input type="checkbox"/> Pasteurized (e.g., liquid milk, cheese, and juice etc) | <input type="checkbox"/> Frozen |
| <input type="checkbox"/> Unpasteurized (e.g., liquid milk, cheese, and juice etc) | <input type="checkbox"/> Canned |
| <input type="checkbox"/> Shredded or diced produce | <input type="checkbox"/> Acid treatment (e.g., commercial potato salad with vinegar, etc) |
| <input type="checkbox"/> Pre-packaged (e.g., bagged lettuce or other produce) | <input type="checkbox"/> Pressure treated (e.g., oysters, etc) |
| <input type="checkbox"/> Irradiation | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Pre-washed | <input type="checkbox"/> Other |
| | <input type="checkbox"/> None |

Method of preparation - At point-of-service: Retail: restaurant, food store *Select one.*

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

Level of preparation *Select all that apply.*

- Foods eaten raw with minimal or no processing. (e.g., washing, cooling)
- Foods eaten raw with some processing. (e.g., no cooking, fresh cut and/or packaged raw)
- Foods eaten heat processed. (e.g., cooked: a microbiological kill step was involved in processing)

Food origin

1. Contaminated food imported to US?

- Yes, country:
 Yes, unknown
 No
 Unknown

2. Was product both produced under domestic regulatory oversight and sold?

- Yes
 No
 Unknown

11B. Location

Was there a kitchen manager certified in food safety at the location of preparation? Yes No Unknown

Check where food was Prepared and where food was Eaten Indicate all that apply. P = where prepared; E = where eaten

P	E		P	E		P	E		P	E	
<input type="checkbox"/>	<input type="checkbox"/>	Banquet facility (food prepared and served on-site)	<input type="checkbox"/>	<input type="checkbox"/>	Grocery store	<input type="checkbox"/>	<input type="checkbox"/>	Prison/jail	<input type="checkbox"/>	<input type="checkbox"/>	Restaurant – Sit-down dining
<input type="checkbox"/>	<input type="checkbox"/>	Camp	<input type="checkbox"/>	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	<input type="checkbox"/>	Private home/residence	<input type="checkbox"/>	<input type="checkbox"/>	School/college/university (complete school specific questions, p 10)
<input type="checkbox"/>	<input type="checkbox"/>	Caterer (food prepared off-site from where served)	<input type="checkbox"/>	<input type="checkbox"/>	Hotel/motel	<input type="checkbox"/>	<input type="checkbox"/>	Religious facility	<input type="checkbox"/>	<input type="checkbox"/>	Ship/boat
<input type="checkbox"/>	<input type="checkbox"/>	Child day care	<input type="checkbox"/>	<input type="checkbox"/>	Long-term care/nursing home/ assisted living facility	<input type="checkbox"/>	<input type="checkbox"/>	Restaurant- Buffet	<input type="checkbox"/>	<input type="checkbox"/>	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	Fair, festival, other temporary or mobile services	<input type="checkbox"/>	<input type="checkbox"/>	Office/indoor workplace	<input type="checkbox"/>	<input type="checkbox"/>	Restaurant – ‘Fast-food’ (drive up service or pay at counter)	<input type="checkbox"/>	<input type="checkbox"/>	Other, describe in Food Remarks, p 10
<input type="checkbox"/>	<input type="checkbox"/>	Farm/dairy	<input type="checkbox"/>	<input type="checkbox"/>	Other healthcare facility	<input type="checkbox"/>	<input type="checkbox"/>	Restaurant – Other or unknown type	<input type="checkbox"/>	<input type="checkbox"/>	

11C. Contributing Factors Select all that contributed to this outbreak. Contributing factors unknown

Contamination factor: Select all that apply.

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Toxic substance part of the tissue <input type="checkbox"/> Poisonous substance intentionally/deliberately added <input type="checkbox"/> Poisonous substance accidentally/inadvertently added <input type="checkbox"/> Addition of excessive quantities of ingredients that are toxic in large amounts <input type="checkbox"/> Toxic container <input type="checkbox"/> Contaminated raw product – food was intended to be consumed after a kill step <input type="checkbox"/> Contaminated raw product – food was intended to be consumed raw or undercooked/underprocessed <input type="checkbox"/> Foods originating from sources shown to be contaminated or polluted (such as a growing field or harvest area) <input type="checkbox"/> Cross-contamination of ingredients (cross-contamination does not include ill food workers) | <ul style="list-style-type: none"> <input type="checkbox"/> Bare-hand contact by a food handler/worker/preparer who is suspected to be infectious <input type="checkbox"/> Glove-hand contact by a food handler/worker/preparer who is suspected to be infectious <input type="checkbox"/> Other mode of contamination (excluding cross-contamination) by a food handler/worker/preparer who is suspected to be infectious <input type="checkbox"/> Foods contaminated by non-food handler/worker/preparer who is suspected to be infectious <input type="checkbox"/> Storage in contaminated environment <input type="checkbox"/> Other source of contamination <input type="checkbox"/> Contamination Factors - Not Applicable |
|--|---|

Proliferation/amplification factor: (bacterial outbreaks only) Select all that apply.

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Food preparation practices that support proliferation of pathogens (during food preparation) <input type="checkbox"/> 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) <input type="checkbox"/> Improper adherence of approved plan to use Time as a Public Health Control <input type="checkbox"/> Improper cold holding due to malfunctioning refrigeration equipment <input type="checkbox"/> Improper cold holding due to an improper procedure or protocol <input type="checkbox"/> Improper hot holding due to malfunctioning equipment | <ul style="list-style-type: none"> <input type="checkbox"/> Improper hot holding due to improper procedure or protocol <input type="checkbox"/> Improper/slow cooling <input type="checkbox"/> Prolonged cold storage <input type="checkbox"/> Inadequate modified atmosphere packaging <input type="checkbox"/> Inadequate processing (acidification, water activity, fermentation) <input type="checkbox"/> Other situations that promoted or allowed microbial growth or toxic production <input type="checkbox"/> Proliferation/Amplification Factors - Not Applicable |
|---|---|

Survival factor: Select all that apply.

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Insufficient time and/or temperature control during initial cooking/heat processing <input type="checkbox"/> Insufficient time and/or temperature during reheating <input type="checkbox"/> Insufficient time and/or temperature control during freezing | <ul style="list-style-type: none"> <input type="checkbox"/> Insufficient or improper use of chemical processes designed for pathogen destruction <input type="checkbox"/> Other process failures that permit pathogen |
|---|---|

11D. Confirmed or Suspected Point of Contamination Select one.

Preparation Before Preparation (select one): Pre-Harvest Processing Unknown

Reason suspected Select all that apply.

Environmental evidence Laboratory evidence Epidemiologic evidence Prior experience makes this a likely source

Was food-worker implicated as the source of contamination? Yes, select on below: No food worker implicated

Laboratory and epidemiologic evidence Laboratory evidence Epidemiologic evidence Prior experience makes this a likely source

11E. Schools Complete if "school/college/university" is selected in Location section.

1. Did the outbreak involve a single or multiple schools? Single Multiple, number of schools: _____

2. School characteristics Complete for all involved students in all involved schools.

- a. Total approximate enrollment: _____ (number of students) Unknown
- c. Primary funding of involved schools
 Public Private Unknown
- b. Grade level(s)
 Grade school (check all grades affected): K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th
 College/university/technical school
 Unknown or undetermined

3. Describe the preparation of the implicated item (check all that apply):
- Heat and serve (item mostly prepared or cooked off-site, reheated on-site)
 - Served a-la-carte
 - Serve only (preheated or served cold)
 - Cooked on-site using primary ingredient
 - Provided by a food service management company
 - Provided by a fast-food vendor
 - Provided by a pre-plate company
 - Part of a club or fundraising event
 - Made in the classroom
 - Brought by a student/teacher/parent
 - Other (describe in Food Remarks below)
 - Unknown or undetermined

4. How many times has the state, county or local health department inspected this school cafeteria or kitchen in the 12 months before the outbreak?*

- Once
- Twice
- More than two times
- Not inspected
- Unknown/undetermined

5. Does the school have a HACCP plan in place for the school feeding program?*

- Yes
- No
- Unknown or undetermined

6. Was implicated food item provided to the school through the National School Lunch/Breakfast Program?

- No
- Unknown
- Yes, food item donated/purchased by:
 - USDA (Commodity Distribution Program)
 - State/school authority
 - Other, describe in Food Remarks below
 - Unknown

Questions 2 & 3: *If multiple schools are involved, please answer for the school with the most cases.

11F. Foodborne Remarks *If "other" was chosen in any of the above options, please explain here.