

**What was the source, of the initial outbreak report, to the public health system in your state?**

<input type="checkbox"/> private citizen report	<input type="checkbox"/> medical professional report	<input type="checkbox"/> nursing home/ALC staff report
<input type="checkbox"/> reportable disease surveillance blip	<input type="checkbox"/> syndromic surveillance blip	<input type="checkbox"/> PFGE match
<input type="checkbox"/> inquiry from another state	<input type="checkbox"/> inquiry from CDC	<input type="checkbox"/> _____

**Who received the initial report in your state?**

<input type="checkbox"/> local communicable disease staff	<input type="checkbox"/> local EHS/sanitarions	<input type="checkbox"/> _____
<input type="checkbox"/> state communicable disease staff	<input type="checkbox"/> state EHS/sanitarions	<input type="checkbox"/> _____

**What date was the outbreak first reported to or recognized by a local or county health dept?** \_\_\_/\_\_\_/\_\_\_ (m/d/y)

**What date was the outbreak first reported to or recognized by the state health dept?** \_\_\_/\_\_\_/\_\_\_ (m/d/y)

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

<input type="checkbox"/> 1 local health dept	<input type="checkbox"/> multiple local HDs	<input type="checkbox"/> 1 state health dept	<input type="checkbox"/> multiple state HDs	<input type="checkbox"/> regional HD	<input type="checkbox"/> FoodNet group
<input type="checkbox"/> CDC	<input type="checkbox"/> FDA	<input type="checkbox"/> USDA	<input type="checkbox"/> state Ag	<input type="checkbox"/> _____	

**What was included in this investigation? (check all that apply)**

<input type="checkbox"/> no investigation	<input type="checkbox"/> active case finding	<input type="checkbox"/> case interviews	<input type="checkbox"/> chart/record review	<input type="checkbox"/> case-control study	<input type="checkbox"/> cohort study
<input type="checkbox"/> EHS inspection	<input type="checkbox"/> EHSNET evaluation	<input type="checkbox"/> environmental cultures	<input type="checkbox"/> food cultures	<input type="checkbox"/> product traceback	<input type="checkbox"/> product recall
<input type="checkbox"/> contact with state Ag	<input type="checkbox"/> conf call w/other states	<input type="checkbox"/> conf call with CDC	<input type="checkbox"/> conf call with FDA	<input type="checkbox"/> conf call with USDA	<input type="checkbox"/> _____

**Who designed the investigation (i.e., made decisions about how it was to done)? (check all that apply)**

LHD sanitarians  LHD CD nurses  people with advanced epi training  \_\_\_\_\_

**How many food specimens were tested?**

\_\_\_ (#)  none  no food available  not epi implicated

**How many water specimens were tested?**

\_\_\_ (#)  none  no water available  not epi implicated

**How many fecal specimens were screened at *private* labs by the following? (Be specific if possible.)**

bacterial cx \_\_\_ (#)  O & P \_\_\_ (#) *or, if no specifics...*  some (number unknown)  none  no idea

**How many fecal specimens were screened at a *public* health lab by the following test methods? (Be specific if possible.)**

bacterial cx \_\_\_ (#)  O & P \_\_\_ (#)  norovirus \_\_\_ (#) *or, if no specifics...*  some (number unknown)  none  no idea

**How many other (non-fecal) clinical specimens were tested at a *public* health lab?**

vomitus \_\_\_ (#)  blood \_\_\_ (#)  other (specify) \_\_\_\_\_  none  no idea

**If applicable, what was the median lag time from onset of diarrhea or vomiting to collection of fecal specimens for testing at the *public* health lab? (enter exact number if possible; otherwise, estimate)**

\_\_\_ days (if known) or else...  within 3 days  4-7 days  8-14 days  >14 days  not applicable  could not be determined

**If the etiology was lab-confirmed, where was the pathogen first identified?**

private lab  local/state PHL  CDC  \_\_\_\_\_

**If no etiology was established through basic tests, what other lab tests were done? (provide details below)**

none  toxin screening  other PCR  other culture  referral to CDC  \_\_\_\_\_

**Overall, was the outcome of the investigation adequate given the nature of the outbreak?**  yes  no  can't say

**What problems significantly affected the success of this investigation? (check all that apply)**

<input type="checkbox"/> too few cases	<input type="checkbox"/> delayed notification of local HD	<input type="checkbox"/> paucity of stool specimens
<input type="checkbox"/> too few controls available	<input type="checkbox"/> delayed notification from local HD to state	<input type="checkbox"/> no stool specimens collected
<input type="checkbox"/> couldn't identify good controls	<input type="checkbox"/> no trained HD staff available	<input type="checkbox"/> specimens kits delivered to ill, never returned for testing
<input type="checkbox"/> no/inadequate case finding	<input type="checkbox"/> weekend/overtime staffing limits	<input type="checkbox"/> no ready test available ( <i>C. perfringens</i> , <i>B. cereus</i> , <i>S.aureus</i> , etc)
<input type="checkbox"/> no credit card (CC) users	<input type="checkbox"/> lack of cooperation from local HD	<input type="checkbox"/> specimen shipping or handling
<input type="checkbox"/> no stomach to ask for CC users	<input type="checkbox"/> lack of cooperation from restaurant, nursing home, or other institution	<input type="checkbox"/> other work was higher priority
<input type="checkbox"/> "everybody ate everything " syndrome	<input type="checkbox"/> lack of multi-state coordination	<input type="checkbox"/> delayed epi response
<input type="checkbox"/> lack of cooperation from cases	<input type="checkbox"/> jurisdictional ambiguity or disagreement/turf issues	<input type="checkbox"/> OB scope underestimated
<input type="checkbox"/> inadequate study design/ sampling methodology/bad questionnaire		<input type="checkbox"/> _____

**Comments:**

CF Supplemental Questions

If you reported one or more contributing factors (CF) in question 11 on form 52.13 (spoon and fork), please write the reported CF in the grid on the right and answer the following questions for each reported contributing factor

Reported Contributing Factors

**1. Who determined that this CF was applicable to this outbreak?**

- a. Environmental health specialist
- b. Epidemiologist
- c. Both epidemiologist and environmental health specialist
- d. Don't Know
- e. Other: \_\_\_\_\_


**2. How was this CF determined? (choose all that apply)**

- a. Routine environmental inspection
- b. Food preparation review / Food flow
- c. Other environmental investigation (describe: \_\_\_\_\_)
- d. Assumed based on etiology
- e. Assumed based on symptom profile of outbreak
- f. Interview of operator and/or foodworker
- g. Environment/food sample culture
- h. Epidemiologic investigation (case-control or cohort study)
- i. Don't know
- j. Other: \_\_\_\_\_


**3. In the determination of this CF, was there discussion between environmental health and epidemiology?**

- a. Yes
- b. No
- c. Don't Know


**4. In your judgment, do you believe this CF is**

- a. Proven
- b. Probable
- c. Possible

Why: \_\_\_\_\_  
 \_\_\_\_\_


**5. In your judgment, was this the primary CF for this outbreak?**

- a. Yes
- b. No
- c. Don't Know


**6. Did the original determination of this CF go through a second level of review before being submitted to eFORS?**

- a. Yes
- b. No
- c. Don't Know


**7. During the second level of review were any original determinations changed?**

- a. Yes
- b. No
- c. Don't Know


**8. Did you identify any CF not on form 52.13?**

- a. Yes

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

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- b. No
  - c. Don't Know
