



Fax completed form to DOH
 Communicable Disease
 Epidemiology
 Fax: 206-418-5515

Date of initial notification to DOH: 1/1

LHJ Cluster #: _____

Date report sent to DOH: 1/1

LHJ Cluster Name: _____

Outbreak Reporting Form – Food

Form Status

- Preliminary report, in progress
 Final report

DOH outbreak #: _____

NORS #: _____

Disease

REPORTING AGENCY INFORMATION

Local health jurisdiction (LHJ) DOH

Initial LHJ notification date & time 1/1 am/pm

Contact person JAM

Notified by: _____
 (E.g. Report from school, daycare, lab, etc.)

Contact person phone (____) _____

Investigation start date & time 1/1 am/pm

Lead agency DOH - DOH

Investigation completion date 1/1

INVESTIGATION METHODS (check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Interviews only of ill persons | <input type="checkbox"/> Treated or untreated recreational water venue assessment |
| <input type="checkbox"/> Case-control study | <input type="checkbox"/> Investigation at factory/production/treatment plant |
| <input type="checkbox"/> Cohort study | <input checked="" type="checkbox"/> Investigation at original source (e.g., farm, water source, etc.) |
| <input type="checkbox"/> Food preparation review | <input checked="" type="checkbox"/> Food product or bottled water traceback |
| <input type="checkbox"/> Water system assessment: Drinking water | <input checked="" type="checkbox"/> Environment/food/water sample testing |
| <input type="checkbox"/> Water system assessment: Nonpotable water | <input type="checkbox"/> Other _____ |

If applicable, attach further information about investigative activities and tools (e.g. epidemic curves, questionnaires, case definitions)
 Comments

DATES (mm/dd/yyyy)

Date first case became ill: 12/20/11

Date last case became ill: 1/3/12

Date of initial exposure: 1/1

Date of last exposure: 1/1

GEOGRAPHIC LOCATION

Place of Exposure (e.g., Name & City of restaurant): Commercial Product

County of exposure: _____ or Exposure occurred in multiple counties, please list: Delaware THURSTON

County of cases' residence: _____ or Cases resided in multiple counties, please list: Delaware

PRIMARY CASES

Number of Primary Cases	<u>3</u>		Sex (estimated % of the primary cases)			
# Lab-confirmed cases			Male	<u>67</u>	%	
# Probable cases			Female	<u>33</u>	%	
# Estimated total primary ill						
	# cases	Total # for whom info is available	Approx % of primary cases by age			
# Died	<u>0</u>	<u>0</u>	<1 yr	%	20-49 yrs	%
# Hospitalized	<u>3</u>	<u>3</u>	1-4 yrs	<u>33%</u>	50-74 yrs	%
# Visited emergency room	<u>—</u>	<u>3</u>	5-9 yrs	<u>67%</u>	≥75 yrs	%
# Visited health care provider (excluding ER visits)	<u>3</u>	<u>3</u>	10-19 yrs	%	Unknown	%

INCUBATION PERIOD

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 cases or whom info available			Total # of cases or whom info available		
<input checked="" type="checkbox"/> Unknown incubation period			<input checked="" type="checkbox"/> Unknown duration of illness		

SIGNS OR SYMPTOMS							
Feature		# cases with signs or symptoms			Total # cases for whom info available		
Vomiting		3			3		
Diarrhea		3			↓		
Bloody stools		3					
Fever		1					
Abdominal cramps		3					
HUS		2					
Asymptomatic							
*							
SECONDARY CASES							
Mode of secondary transmission (check all that apply)				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"/> Indeterminate/Other/Unknown				# Lab-confirmed secondary cases			
				# Probable secondary cases			
				Total # secondary cases			
				Total # cases (Primary + Secondary)			
				3			
LABORATORY							
Is the etiologic agent laboratory confirmed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If etiology is not laboratory confirmed, were patient specimens collected? <input type="checkbox"/> Yes, # collected _____ <input type="checkbox"/> No				If etiologic agent is not laboratory confirmed, the following agent is suspected based on the epidemiologic evidence: <input type="checkbox"/> Bacterial toxin <input checked="" type="checkbox"/> Bacterial infection <input type="checkbox"/> Virus <input type="checkbox"/> Chemical <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown			
Genus	Species	Serotype	Confirmed outbreak etiology	Other characteristics	Detected in*	# Lab-confirmed cases	
<i>ESCHERICHIA</i>	<i>Coli</i>	<i>O157:H7</i>	<input checked="" type="checkbox"/> Yes	EC.081 EXHA01.0004	1, 3	3	
			<input type="checkbox"/> Yes	EC.100 EXHA2-0526			
			<input type="checkbox"/> Yes				
*Detected in (choose all that apply) 1 – patient specimen 2 – food specimen 3 – environment specimen 4 – food worker specimen							
FOOD-SPECIFIC DATA							
<input type="checkbox"/> Food vehicle undetermined		Total # of cases exposed to implicated food _____					
		Food 1			Food 2		
Name of food (excluding any preparation)		MILK					
Reason(s) suspected* (choose all that apply)		3, 5					
Method of processing* (choose all that apply)		P2					
Method of preparation* (choose one)		R2					
Level of preparation* (choose one)		1					
*See list below for options Reason(s) suspected: 1 – Statistical evidence from epidemiological investigation 2 – Laboratory evidence (e.g., identification of agent in food) 3 – Compelling supportive information 4 – Other data (e.g., same phage type found on farm that supplied eggs) 5 – Specific evidence lacking but prior experience makes it likely source Method of processing (Prior to point-of-service: Processor): P1 – Pasteurized (e.g., liquid milk, cheese, and juice etc.) P2 – Unpasteurized (e.g., liquid milk, cheese, and juice etc.) P3 – Shredded or diced produce P4 – Pre-packaged (e.g., bagged lettuce or other produce) P5 – Irradiation P6 – Pre-washed P7 – Frozen P8 – Canned P9 – Acid treatment (e.g., commercial potato salad with vinegar, etc.) P10 – Pressure treated (e.g., oysters, etc.) P11 – None or Unknown				Method of Preparation (At point-of-service: Retail: restaurant, food store): R1 – Prepared in the home R2 – Ready to eat food: No manual preparation, No cook step (e.g., sliced cheese, pre-packaged deli meats; whole raw fruits; raw oysters, bottled juice, etc.) R3 – Ready to eat food: Manual preparation, No cook step (e.g., fresh vegetables, cut fresh fruits, chicken salad made from canned chicken, reconstituted juice, etc.) R4 – Cook and Serve Foods: Immediate service (e.g., soft-cooked eggs, hamburgers, etc.) R5 – Cook and hot hold prior to service. (e.g., fried chicken, soups, hot vegetables, hot dogs, mashed potatoes, etc.) R6 – Advance preparation: Cook, cool, serve (e.g., sliced roast beef from a whole cooked roast, etc.) R7 – Advance preparation: Cook, cool, reheat, serve (e.g., lasagna, casseroles, soups, gravies, sauces, chili, etc.) R8 – Advance preparation: Cook, cool, reheat, hot hold, serve (e.g., chili, refried beans, etc.) R9 – Advance preparation: Cook-chill and Reduced Oxygen Packaging (ROP) (e.g., sauces, gravies, cheeses, etc. packaged under ROP) R10 – None/ Unknown Level of preparation: 1 – Foods eaten raw with minimal or no processing (e.g., washing, cooling) 2 – Foods eaten raw with some processing (e.g., no cooking, fresh cut and/or packaged raw) 3 – Foods eaten heat processed (e.g., cooked; a microbiological kill step was involved in processing)			

Location where food was prepared <i>(Check all that apply)</i>		Location of exposure (where food was eaten) <i>(Check all that apply)</i>	
<input type="checkbox"/> Restaurant – 'Fast food' (drive-up service or pay at counter)	<input type="checkbox"/> Nursing home, assisted living facility, home care	<input type="checkbox"/> Restaurant – 'Fast food' (drive-up service or pay at counter)	<input type="checkbox"/> Nursing home, assisted living facility, home care
<input type="checkbox"/> Restaurant – Sit-down dining	<input type="checkbox"/> Hospital	<input type="checkbox"/> Restaurant – Sit-down dining	<input type="checkbox"/> Hospital
<input type="checkbox"/> Restaurant – Other or unknown type	<input type="checkbox"/> Child day care center	<input type="checkbox"/> Restaurant – Other or unknown type	<input type="checkbox"/> Child day care center
<input type="checkbox"/> Private home	<input type="checkbox"/> School	<input checked="" type="checkbox"/> Private home	<input type="checkbox"/> School
<input type="checkbox"/> Banquet facility (food prepared and served on site)	<input type="checkbox"/> Prison, jail	<input type="checkbox"/> Banquet facility (food prepared and served on site)	<input type="checkbox"/> Prison, jail
<input type="checkbox"/> Caterer (food prepared off-site from where served)	<input type="checkbox"/> Church, temple, religious location	<input type="checkbox"/> Caterer (food prepared off-site from where served)	<input type="checkbox"/> Church, temple, religious location
<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Camp	<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Camp
<input type="checkbox"/> Grocery store	<input type="checkbox"/> Picnic	<input type="checkbox"/> Grocery store	<input type="checkbox"/> Picnic
<input type="checkbox"/> Workplace, not cafeteria	<input checked="" type="checkbox"/> Other (describe below)	<input type="checkbox"/> Workplace, not cafeteria	<input type="checkbox"/> Other (describe below)
<input type="checkbox"/> Workplace, cafeteria	<input type="checkbox"/> Unknown	<input type="checkbox"/> Workplace, cafeteria	<input type="checkbox"/> Unknown
Remarks: <i>Bethled (a Dairy)</i>		Remarks:	

FOOD WORKERS

Was food-worker implicated as the source of contamination? Yes No
 If yes, please check one of the following:
 Laboratory and epidemiologic evidence
 Epidemiologic evidence
 Laboratory evidence

PUBLIC HEALTH ACTIONS AND CONTROL MEASURES

Health education information provided to cases and contacts
 Cases evaluated for sensitive occupations or situations and excluded during contagious period if necessary
 Family Investigation (W.D.H.H.)
 Recall - voluntary by Dairy

DISCUSSION / CONCLUSION

Please briefly summarize the findings of this outbreak investigation.
*Three children hospitalized & STAG C15F:147, 2 & H15.
 All three newspapers reported consumption of Cozy Valley (renamed Cozy Vale Farm) brand milk.
 Dairy investigation included HACCP manual environmental specimens.
 Household and processed product milk samples.*

EH Field Investigation Form (Part 2) attached, if relevant Supporting documentation attached, if relevant
 Red/Blue Form attached, if relevant

CONTRIBUTING FACTORS	
Contamination Factors (check all that apply)	Proliferation/Amplification Factors (check all that apply)
<input type="checkbox"/> C1 Toxic substance part of tissue	<input type="checkbox"/> P1 Food preparation practices that support proliferation of pathogens (during food preparation)
<input type="checkbox"/> C2 Poisonous substance intentionally/deliberately added	<input type="checkbox"/> P2 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"/> C3 Poisonous or physical substance accidentally/inadvertently added	<input type="checkbox"/> P3 Improper adherence of approved plan to use Time as a Public Health Control
<input type="checkbox"/> C4 Addition of excessive quantities of ingredients that are toxic in large amounts	<input type="checkbox"/> P4 Improper cold holding due to malfunctioning refrigeration equipment
<input type="checkbox"/> C5 Toxic container	<input type="checkbox"/> P5 Improper cold holding due to an improper procedure or protocol
<input type="checkbox"/> C6 Contaminated raw product – food was intended to be consumed after a kill step	<input type="checkbox"/> P6 Improper hot holding due to malfunctioning equipment
<input checked="" type="checkbox"/> C7 Contaminated raw product – food was intended to be consumed raw or undercooked/underprocessed	<input type="checkbox"/> P7 Improper hot holding due to improper procedure or protocol
<input type="checkbox"/> C8 Foods originating from sources shown to be contaminated or polluted (such as a growing field or harvest area)	<input type="checkbox"/> P8 Improper/slow cooling
<input type="checkbox"/> C9 Cross-contamination of ingredients (cross-contamination does not include ill food workers)	<input type="checkbox"/> P9 Prolonged cold storage
<input type="checkbox"/> C10 Bare-hand contact by a food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P10 Inadequate modified atmosphere packaging
<input type="checkbox"/> C11 Glove-hand contact by a food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P11 Inadequate processing (acidification, water activity, fermentation)
<input type="checkbox"/> C12 Other mode of contamination (excluding cross-contamination) by a food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P12 Other situations that promoted or allowed microbial growth or toxic production
<input type="checkbox"/> C13 Foods contaminated by non-food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P-N/A Proliferation/Amplification Factors - Not Applicable
<input type="checkbox"/> C14 Storage in contaminated environment	<input type="checkbox"/> Contributing factors unknown
<input type="checkbox"/> C15 Other source of contamination (e.g., hand washing)	
<input type="checkbox"/> C-N/A Contamination Factors Not Applicable	
Survival Factors (check all that apply)	
<input type="checkbox"/> S1 Insufficient time and/or temperature control during initial cooking/heat processing	<input type="checkbox"/> S4 Insufficient or improper use of chemical processes designed for pathogen destruction
<input type="checkbox"/> S2 Insufficient time and/or temperature during reheating	<input type="checkbox"/> S5 Other process failures that permit pathogen survival
<input type="checkbox"/> S3 Insufficient time/temperature control during freezing	<input type="checkbox"/> S-N/A Survival Factors - Not Applicable
The confirmed or suspected point of contamination (check one)	
<input type="checkbox"/> Before preparation <input type="checkbox"/> Preparation If 'before preparation': <input type="checkbox"/> Pre-harvest <input type="checkbox"/> Processing <input checked="" type="checkbox"/> Unknown	
Reason suspected (check all that apply)	
<input checked="" type="checkbox"/> Environmental evidence <input checked="" type="checkbox"/> Laboratory evidence <input checked="" type="checkbox"/> Epidemiologic evidence <input checked="" type="checkbox"/> Prior experience makes this a likely source	

Initials	Initials	County	Age	Gender	Onset	Hospital	Serotype	HUS	PFGE 1	PFGE 2
		Pierce			8/28/2011	yes	O157:H7	no	EC081	ECL100
		Pierce			10/20/2011	Yes	O157:H7	Yes	EC081	ECL100
Tazmira	Chiechi TC	Thurston	5 Yr	F	11/3/2011	Yes	O157:H7	Yes	EC081	EXL100
		Thurston			11/4/2011	No	O157:H7	No	EC081	ECL100
		Thurston			11/10/2011	No	O157:H7	No	EC081	ECL100

<i>Raw milk exposure</i>	<i>Brand info</i>	<i>Purchase info</i>	<i>Comment</i>
Used in household - parents report yes then no for this child's consumption	Cozy Valley per parent report	Marlene's in Tacoma	
Yes, 16 oz per day	Cozy Vally per parent report Cozy Valley named by parents as likely brand	Mountain Co-op in Eatonville 10/14 two stores named	brand used dependent on store stock which varies WSDA test of household sample (Cozy Vale) - neg owner used to work at Cozy Valley, where she purchased her cow sibling "
Yes	neighbor's cow	non-commercial	
Yes	neighbor's cow	non-commercial	