West Virginia Department of HEALTH
BUREAU FOR PUBLIC HEALTH

Foodborne Outbreak Report Form

Instructions: *Complete this form for ALL foodborne disease outbreaks, per federal and state requirements. Once completed, email it to your designated West Virginia state outbreak lead.*

Outbreak Number: _____ Region: _____

Contact information for the person who first notified the health department about the outbreak:

Reported by: _____ Date reported: _____

Report prepared by: _____ Title(s): _____

County: _____ Phone: _____

Investigation start date: _____

INTRODUCTION AND BACKGROUND

(This section is what was reported in the initial outbreak call.)

Outbreak Setting:

☐ Assisted living ☐ Correctional facility ☐ Daycare ☐ Event / Gathering
☐ Nursing home ☐ Restaurant ☐ School ☐ Other, specify: _____

Setting Name: _____ Setting Contact Name: _____

Setting Address: _____

Date of first onset: _____ Date of last onset: _____

At the time of the **initial** outbreak report:

Residents / Attendees		**Staff**	
Number of ill residents/attendees:		Number of ill staff:	
Total number of residents/attendees:		Total number of staff:	

Outbreak Identification Method:

☐ Healthcare provider report ☐ Notification from a facility
☐ Notification from public health laboratory ☐ Public complaint
☐ Routine public health surveillance ☐ Other, specify: _____

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RECOMMENDATIONS

The following recommendations were made to control this outbreak and prevent similar future outbreaks:

Facility/Site/Venue

- ☐ Cleaning protocol modified
- ☐ Equipment acquired, adjusted, repaired, replaced, or discarded
- ☐ Equipment deep cleaned
- ☐ Facility/site/venue closed
- ☐ Facility/site/venue deep cleaned
- ☐ Health promotion signage posted
- ☐ Personal protective equipment provided by facility
- ☐ Other, specify: _____

People

- ☐ Ill workers excluded
- ☐ Ill children excluded
- ☐ Stool screened (asymptomatic person)
- ☐ Ward closed to new admissions
- ☐ Ill workers restricted
- ☐ Education/training
- ☐ Stool screened (ill person)
- ☐ Other, specify: _____

Food

- ☐ Food discarded
- ☐ Food embargoed
- ☐ Food preparation process modified
- ☐ Food withdrawn (before recall)
- ☐ Food source modified (e.g., vendor)
- ☐ Menu modified
- ☐ Self-service discontinued
- ☐ Other, specify: _____

METHODS

Investigative Methods:

Epidemiologic

- ☐ Case-control study
- ☐ Cohort study
- ☐ Collected specimens
- ☐ Conducted interviews
- ☐ Defined / identified cases
- ☐ Other, specify: _____

Environmental

- ☐ Food preparation review
- ☐ Food sample testing
- ☐ Environmental assessment
- ☐ Interview food manager
- ☐ Interview food worker
- ☐ Other, specify: _____

Traceback

- ☐ Consumer purchase records
- ☐ Investigation at original source
- ☐ Production plant investigation
- ☐ Other, specify: _____

Case Definitions:

Confirmed Case: _____

_____

Probable Case: _____

_____

RESULTS

Attach the epi curve and the results from analytic studies (e.g., case-control or cohort studies) to this report if completed.

Laboratory Section

Type(s) of samples tested: ☐ Food ☐ Human ☐ Water ☐ Environmental ☐ N/A

Testing methodology: ☐ Culture ☐ PCR ☐ Whole Genome Sequencing ☐ Other

Table 1. Identified Outbreak Etiology

Pathogen	Culture confirmed (N)	CIDT positive (N)	Total Tested (N)	Specimen type*

**Clinical specimen, food sample, food handler specimen, water sample, animal specimen, environmental sample*

Exposure Setting Section

County(ies) of exposure: _____

State(s) of exposure: _____

Outbreak source case traveled internationally: ☐ Yes ☐ No ☐ Unknown

Table 2. Setting(s) of Exposure

Please list all location(s) where food was eaten.

Setting 1	Setting 2	Setting 3

Table 3. Setting(s) of Food Preparation

Please list all setting(s) where food was prepared.

Setting 1	Setting 2	Setting 3

For outbreaks in school settings, select all grade(s) affected:

☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

☐ College/university/technical school ☐ Unknown

For outbreaks in correctional facilities:

Inmate food workers were involved in food preparation:

☐ Yes ☐ No ☐ Unknown

If contamination from a food worker was a contributing factor, food workers implicated:

☐ Inmate food workers ☐ Other food workers ☐ N / A

Food Investigation Section

Certified food protection manager on-site at the location of preparation during operation:

☐ Yes ☐ No ☐ Unknown

Environmental antecedent(s):

1. Choose an item.
2. Choose an item.
3. Choose an item.

Table 4: Traceback Investigation Results

	Company Type	Location *(state, country of origin)*	Findings
Traceback Point 1			
Traceback Point 2			
Traceback Point 3			

Recalled product(s): _____

Recall announcement link: _____

Table 5. Factors Contributing to the Outbreak

Contamination Factors		**Source***
1.	Choose an item.	
2.	Choose an item.	
3.	Choose an item.	
Proliferation Factors		**Source***
1.	Choose an item.	
2.	Choose an item.	
3.	Choose an item.	
Survival Factors		**Source***
1.	Choose an item.	
2.	Choose an item.	
3.	Choose an item.	

** 1 – Point of final prep/sale (POS); 2 – Before POS; Pre-Harvest; 3 – Before POS; Post-Harvest; 4 – Before POS; Unknown Pre- or Post-Harvest; 5 – Unknown location*

	Food Vehicle
Name of food item	
Confirmed or suspected vehicle	
Rationale	
Ingredient(s)	
Contaminated ingredients	
Method of processing	
Level of preparation	
Method of preparation / service	
Packaging	
Imported food / country of origin	
Produced under U.S. domestic regulatory oversight	
Sold under U.S. domestic regulatory oversight	

Data Analysis Section

Table 7. Attack Rate

Residents / Attendees		Staff	
Number of resident/attendee cases*:		Number of staff cases*:	
Total number of residents/attendees:		Total number of staff:	

**Number of cases that meet the probable or confirmed case definition used for the outbreak.*

Table 8. Descriptive Data

Demographics	**Cases (N)**
Sex	
Female	
Male	
Unknown	
Age Group	
< 1 year	
1-4 years	
5-9 years	
10-19 years	
20- 49 years	
50-74 years	
≥ 75 years	
Unknown	
Age, median (range)	
Clinical Characteristics	**Cases (N)**
Symptoms	
Nausea	
Vomiting	
Diarrhea	
Bloody Diarrhea	
Abdominal Cramps	
Fatigue	
Fever	
Chills	
Other, specify:	
Clinical Outcomes	**Cases (N)**
Hospitalized	
Died	
Disseminated infection *(e.g., organism in blood)*	
Hemolytic uremic syndrome (HUS)	
Pregnancy loss	
Duration of illness, median (range)	
Incubation period, median (range)	

SUMMARY

A foodborne outbreak occurred at _____ affecting a total of _____ Choose an item. and a total of _____ Choose an item. . The primary outbreak etiology was _____. The dates of illness onset ranged from MM/DD/YYYY _____ to MM/DD/YYYY _____ . There were _____ hospitalizations and _____ deaths. The primary factor contributing to this outbreak was _____

_____.

ADDITIONAL INFORMATION

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