

**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/sanitarians	<input type="checkbox"/> _____
<input type="checkbox"/> state communicable disease staff	<input type="checkbox"/> state EHS/sanitarians	<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:**

Completed by \_\_\_\_\_

agency \_\_\_\_\_

date \_\_\_\_\_