

Maryland Department of Health and Mental Hygiene
Escherichia coli O157:H7 Outbreak Surveillance Report Form

Person taking report _____
 Date ____/____/____

ID# _____ - _____

State Contact: Name _____
 Telephone () _____ - _____

I. OUTBREAK LOCATION

1. City: _____ 4. Date of Suspect Exposure: ____/____/____ <input type="checkbox"/> Unknown mo day yr 5. Date of Illness Onset: ____/____/____ <input type="checkbox"/> Unknown mo day yr	2. County: _____ 3. State _____ 6. Location of suspect exposure (restaurant, home, etc): _____ 7. Location of food preparation (restaurant, home, etc): _____
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II. PUBLIC HEALTH INFORMATION

8. Number Exposed: _____

9. Number Ill:
 Patrons/guests: _____
 Food handlers: _____

10. Number Hospitalized: _____

11. Number HUS/TTP: _____

12. Number Deaths: _____

III. ISOLATE INFORMATION

13. Number of Isolates from:
 Patrons/guest _____
 Food handlers _____

If Food handlers are culture positive, did illness precede outbreak onset? Yes No Unk

simultaneous with the outbreak onset?

after outbreak onset?

Food handlers were asymptomatic?

Foods
 Food items available for culture?

Item: _____

Item: _____

Other, specify: _____

IV. FOOD VEHICLE

14. Suspect Food Vehicle(s): _____

15. Food -specific attack rates:

Food Item:	ATE		DIDN'T EAT		RR	P-value
	III	Not III	III	Not III		
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

16. Is the vehicle epi-confirmed? Yes No Unknown
 If Yes, Implicate food vehicle(s): _____

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V. FOOD PREPARATION

7. Describe Method of Food Preparation and Storage (address potential areas of cross- contamination):

VI. IF VEHICLE IS MEAT--PROVIDE MEAT TRACING INFORMATION

Was meat in a retail ready or store ground package?

Was meat fresh/frozen?

What is the purchase date (confirm by check or charge slip, if possible)?

List all identifying markings from the package:

Size _____ % Lean _____

Other information (package date, sell by date, etc):

Source of meat:

Is this information from receipts/invoice?

If no, what is the source of the information

	<u>Name and Address</u>	<u>City</u>	<u>State</u>
Distributor:			

Is there any meat left/available for culture?

Contact the USDA, FSIS, Emergency Response team (202-720-3033) to discuss specimen submission.

If the meat was cultures, list results in Section III.

VII. COMMENTS

VIII. ISOLATES SENT TO CDC

Requests case and any food isolates to be sent to Peggy S. Hayes, Building. 1, Room B354, Mailstop C-07, CDC, Atlanta , GA 30333, through the State Public Health Laboratory for PFGE. Each isolates should be sent with a separate Dash Form.

	DATE RECEIVED mo/day/yr	DASH NUMBER	CDC EPI #	STATE ID NUMBER	PHAGE TYPE
1					
2					
3					
4					
5					
6					
7					
8					