

<b>Enteric Illness Outbreak Investigation Termination Form</b> Use to report enteric illness outbreaks of unknown or non-foodborne transmission
--

Agency/County:	Date Complaint Received	Date MDARD Notified:	Complaint #:
<b>I. Preliminary Information</b>			
# ill / # exposed:	Date/time meal consumed:	Date/time index case ill:	
Establishment/Event Name & Address where food was prepared:			
Location where food was consumed (if different):			
<b>II. Outbreak Investigation</b>			
<b>A. Epidemiological Investigation<sup>1</sup></b>			
# ill / # interviewed:	Age <sup>2</sup>	Incubation	Duration of illness
Number of persons experiencing following symptoms:			
Diarrhea _____	Abdominal Cramps _____	Headache _____	Other: _____
Vomiting _____	Nausea _____	Fever _____	Other: _____
List all foods consumed during suspect meal (drink, appetizer/snack, salad/dressing, entrée, dessert, other foods):			
Were 72 hour meal histories obtained for all cases to rule out shared exposures to other foods? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other possible routes of transmission: <input type="checkbox"/> Same household <input type="checkbox"/> Coworkers <input type="checkbox"/> Other shared meals within 72 hrs. of illness <input type="checkbox"/> Other: _____			
<b>B. Laboratory Investigation</b>			
Food Samples:		Clinical Samples:	
Results:			
Lab: <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Private			

<sup>1</sup> Check for person, place, and time links between cases

<sup>2</sup> For < 5 cases, please list individual values; for > 5 cases, please list average

<b>C. Environmental Investigation<sup>3</sup></b>	
Date of site visit:	Date implicated food was prepared:
Worker who prepared foods was ill? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Evidence that food was potentially mishandled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Observations:	
<b>D. Discussions and Conclusions</b>	
Disposition: Initial complaint met MDARD regulatory definition <sup>4</sup> of a foodborne illness outbreak: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Investigation terminated – Investigation could not be completed <input type="checkbox"/> Investigation completed – Source uncertain <input type="checkbox"/> Investigation completed – Not foodborne	

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number:

<sup>3</sup> Review of food handling practices used to prepare implicated foods on the day it was prepared to identify potential factors leading to Contamination, Survival, Growth and/or lack of Destruction of causative agent (see IAFP 6<sup>th</sup> edition Procedures to Investigate Foodborne Illness pp. 23 – 41). Use of Food Preparation Review Worksheet is strongly encouraged.

<sup>4</sup> MDARD regulatory outbreak definition: An incident where two or more persons, *not of the same household*, have ingested a common food and have a similar disease, similar symptoms, or excrete the same pathogens, and there is a time, place, or person association between these persons; where there is a single case of suspected botulism, mushroom poisoning, paralytic shellfish poisoning, or other rare disease; or where there is a case of a disease or poisoning that can be definitely related to the ingestion of food.

Dated: 8/2016 (eVersion provided by T. Sietsma, Muskegon CHD, 1/10/2008)