



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

Date of initial notification to DOH:
 ___/___/___

LHJ Cluster #: _____

Date report sent to DOH:
 ___/___/___

LHJ Cluster Name: _____

Outbreak Reporting Form – Other

(person-to-person, environmental, indeterminate,
 other or unknown)

Form Status

- Preliminary report; in progress
 Final report

DOH outbreak #: _____

NORS #: _____

Disease _____

REPORTING AGENCY INFORMATION

Local health jurisdiction (LHJ) _____

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

Contact person _____

Notified by: _____

(E.g. Report from school, daycare, lab, etc.)

Contact person phone (____) ____ - _____

Investigation start date & time ___/___/___ ___ am/pm

Lead agency _____

Investigation completion date ___/___/___

INVESTIGATION METHODS (check all that apply)

- Interviews with infection control/administration
 Case-control study
 Cohort study

- Interviews only of ill persons
 Site visit (e.g. outbreak at a childcare center)
 Other _____

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

DATES (mm/dd/yyyy)

Date first case became ill: ___/___/___

Date last case became ill: ___/___/___

Date of initial exposure: ___/___/___

Date of last exposure: ___/___/___

GEOGRAPHIC LOCATION

- Exposure occurred in a single county
 Exposure occurred in a single county, but cases resided in multiple counties
 Exposure occurred in multiple counties

Please list other LHJs involved: _____

City/Town/Place of Exposure: _____

CASES

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

DURATION OF ILLNESS

Shortest		Min, Hours, Days
Median		Min, Hours, Days
Longest		Min, Hours, Days
Total # of cases or whom info available		<input type="checkbox"/> Unknown duration of illness

LABORATORY

Etiology known? Yes No
 If etiology is *unknown*, were patient specimens collected? Yes No
 If yes, how many specimens collected? (provide numeric value) _____
 What were they tested for? (check all that apply) Bacteria Chemicals/Toxins Viruses Parasites

Genus	Species	Serotype	Confirmed outbreak etiology	Other characteristics	Detected in*	# Lab-confirmed cases
			<input type="checkbox"/> Yes			
			<input type="checkbox"/> Yes			
			<input type="checkbox"/> Yes			

*Detected in (choose all that apply) 1 – patient specimen 2 – food specimen 3 – environment specimen 4 – food worker specimen

SIGNS OR SYMPTOMS

Feature (e.g. diarrhea, fever, cough)	# cases with signs or symptoms	Total # cases for whom info available

MAJOR SETTING(S) OF EXPOSURE (choose all that apply)

- Camp Hotel Private setting (residential home) School
- Child day care Nursing home Religious facility Ship
- Community-wide Prison or detention facility Restaurant Workplace
- Hospital Other _____

Name(s) of facility or major setting(s) of exposure:

ATTACK RATES FOR MAJOR SETTING(S) OF EXPOSURE

Setting (e.g. child care)	Estimated number exposed	Estimated number ill	Crude attack rate (# ill / # exposed)

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
- _____
- _____

DISCUSSION / CONCLUSION

Please briefly summarize the findings of this outbreak investigation.