



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

Date of initial notification to DOH:

___/___/___

Date report sent to DOH: ___/___/___

Form Status

- Preliminary report; in progress
 Final report

LHJ Cluster #: _____

LHJ Cluster Name: _____

DOH outbreak #: _____

NORS #: _____

Outbreak Reporting Form – Animal Contact / Vectorborne

Disease

REPORTING AGENCY INFORMATION

Local health jurisdiction (LHJ) _____

Contact person _____

Contact person phone (____) ____-_____

Lead agency _____

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

Notified by: _____
(E.g. Report from school, daycare, lab, etc.)

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

Investigation completion date ___/___/___

INVESTIGATION METHODS (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Interviews only of ill persons | <input type="checkbox"/> Animal distributor traceback |
| <input type="checkbox"/> Case-control study | <input type="checkbox"/> Investigation at original source (e.g., farm) |
| <input type="checkbox"/> Cohort study | <input type="checkbox"/> Environmental inspection |
| <input type="checkbox"/> Environment/animal sample testing | |
| <input type="checkbox"/> Other _____ | |

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

Comments

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 LHJs involved:

City/Town/Place of Exposure: _____

PRIMARY CASES

Number of Primary Cases	Sex (estimated % of the primary cases)	
	Male	%
# Confirmed cases		
# Probable cases		
# Estimated total primary ill		

	# cases	Total # for whom info is available	Approx % of primary cases by age			
			<1 yr	%	20-49 yrs	%
# Died						
# 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	%

INCUBATION PERIOD (PRIMARY CASES ONLY)

DURATION OF ILLNESS (PRIMARY CASES ONLY)

Shortest	Min, Hours, Days	Shortest	Min, Hours, Days
Median	Min, Hours, Days	Median	Min, Hours, Days
Longest	Min, Hours, Days	Longest	Min, Hours, Days
Total # of cases or whom info available		Total # of cases or whom info available	

Unknown incubation period

Unknown duration of illness

SIGNS OR SYMPTOMS (PRIMARY CASES ONLY)						
Feature (e.g. diarrhea, fever, cough)	# cases with signs or symptoms	Total # cases for whom info available				
SECONDARY CASES						
Mode of secondary transmission (check all that apply)				Number of secondary cases		
<input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Animal contact <input type="checkbox"/> Person-to-person <input type="checkbox"/> Environmental contamination other than food/water <input type="checkbox"/> Indeterminate/Other/Unknown				# Confirmed secondary cases		
				# Probable secondary cases		
				Total # secondary cases		
				Total # cases (Primary + Secondary)		
TOTAL CASES (PRIMARY AND SECONDARY):						
LABORATORY						
Etiology known? <input type="checkbox"/> Yes <input type="checkbox"/> No If etiology is <i>unknown</i> , were patient specimens collected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many specimens collected? (provide numeric value) _____ What were they tested for? (check all that apply) <input type="checkbox"/> Bacteria <input type="checkbox"/> Chemicals/Toxins <input type="checkbox"/> Viruses <input type="checkbox"/> Parasites						
Genus	Species	Serotype	Confirmed outbreak etiology	Other characteristics	Detected in*	# Confirmed cases
			<input type="checkbox"/> Yes			
			<input type="checkbox"/> Yes			
*Specimen detected in (choose all that apply) 1 – patient 2 – food 3 – environment 4 – food worker 5 – animal 6 – water						
DOH USE ONLY:						
MAJOR SETTING OF EXPOSURE (choose one)						
<input type="checkbox"/> Camp <input type="checkbox"/> Campground <input type="checkbox"/> Child day care <input type="checkbox"/> Community-wide <input type="checkbox"/> Fair <input type="checkbox"/> Farm <input type="checkbox"/> Hospital <input type="checkbox"/> Hotel		<input type="checkbox"/> Multiple settings (e.g., pets in >1 home) <input type="checkbox"/> Nursing home <input type="checkbox"/> Pet store <input type="checkbox"/> Petting zoo <input type="checkbox"/> Prison or detention facility <input type="checkbox"/> Private setting (residential home) <input type="checkbox"/> Religious facility <input type="checkbox"/> Restaurant			<input type="checkbox"/> School <input type="checkbox"/> Ship <input type="checkbox"/> Workplace <input type="checkbox"/> Other _____	
Name of facility or major setting: _____						
ANIMALS AND THEIR ENVIRONMENT						
Setting of Exposure	Type of animal	Remarks				
PUBLIC HEALTH ACTIONS AND CONTROL MEASURES						
<input type="checkbox"/> Health education information provided to cases and contacts <input type="checkbox"/> Cases evaluated for sensitive occupations or situations and excluded during contagious period if necessary <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____						

DISCUSSION / CONCLUSION

Please briefly summarize the findings of this outbreak investigation.

Supporting documentation attached, if relevant