



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

Disease

Primary route of transmission (check one):

- Person-to-person Environmental
 Indeterminate Other Unknown

Form Status

- Preliminary report; in progress
 Final report

DOH outbreak #: _____

NORS #: _____

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)

- Interviews with infection control/administration Interviews only of ill persons
 Case-control study Site visit (e.g. outbreak at a childcare center)
 Cohort study 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: _____

PRIMARY CASES

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

DURATION OF ILLNESS (PRIMARY CASES ONLY)

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

Unknown duration of illness

SIGNS OR SYMPTOMS (PRIMARY CASES ONLY)

Feature (e.g., diarrhea, fever, cough)	# cases with sign or symptom	Total # cases for whom info available
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SECONDARY CASES: mode of transmission (check all that apply) <input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Animal contact <input type="checkbox"/> Person-to-person <input type="checkbox"/> Environmental not food/water <input type="checkbox"/> Indeterminate/Other/Unknown						Secondary Cases	
						# Lab-confirmed secondary	
						# Probable secondary	
TOTAL CASES (PRIMARY AND SECONDARY):						Total # 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*	# Lab-confirmed cases	
			<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							
DOH USE ONLY:							
MAJOR SETTING(S) OF EXPOSURE (choose all that apply)							
<input type="checkbox"/> Camp	<input type="checkbox"/> Hotel	<input type="checkbox"/> Private setting (residential home)	<input type="checkbox"/> School	<input type="checkbox"/> Child day care	<input type="checkbox"/> Nursing home	<input type="checkbox"/> Religious facility	<input type="checkbox"/> Ship
<input type="checkbox"/> Community-wide	<input type="checkbox"/> Prison or detention facility	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Workplace	<input type="checkbox"/> Hospital	<input type="checkbox"/> Petting zoo	<input type="checkbox"/> Other _____	
Name of facility or major setting of exposure that yielded first cluster in outbreak:							
ATTACK RATES FOR MAJOR SETTING(S) OF EXPOSURE (only complete if primary transmission mode person-to-person)							
Setting (e.g. child care)	Estimated # exposed	Estimated # ill	Crude attack rate (# ill / # exposed)				
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"/> _____							
DISCUSSION / CONCLUSION							
Please briefly summarize the findings of this outbreak investigation.							