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

Outbreak Reporting Form – Other

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 #: ___________

**Disease**

Primary route of transmission (check one):

☐ Person-to-person
☐ Environmental
☐ Indeterminate
☐ Other
☐ Unknown

**Reporting Agency Information**

Local health jurisdiction (LHJ) __________________________
Contact person __________________________________
Contact person phone (_____) _____ - ________
Lead agency ________________________________________

**Initial LHJ notification date & time**

 initial 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**

☐ 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

City/Town/Place of Exposure: ____________________________

Please list other LHJs involved:

**Primary Cases**

<table>
<thead>
<tr>
<th># Lab-confirmed cases</th>
<th># Probable cases</th>
<th># Estimated total primary ill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># cases</th>
<th>Total # for whom info is available</th>
<th>Approx % of primary cases by age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>&lt;1 yr</td>
</tr>
<tr>
<td>Died</td>
<td></td>
<td>1-4 yrs</td>
</tr>
<tr>
<td>Hospitalized</td>
<td></td>
<td>5-9 yrs</td>
</tr>
<tr>
<td>Visited emergency room</td>
<td></td>
<td>10-19 yrs</td>
</tr>
</tbody>
</table>

**Incubation Period (Primary Cases Only)**

<table>
<thead>
<tr>
<th>Shortest</th>
<th>Min, Hours, Days</th>
<th>Shortest</th>
<th>Min, Hours, Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>Min, Hours, Days</td>
<td>Median</td>
<td>Min, Hours, Days</td>
</tr>
<tr>
<td>Longest</td>
<td>Min, Hours, Days</td>
<td>Longest</td>
<td>Min, Hours, Days</td>
</tr>
</tbody>
</table>

Total # of cases or whom info available

**Duration of Illness (Primary Cases Only)**

<table>
<thead>
<tr>
<th>Shortest</th>
<th>Min, Hours, Days</th>
<th>Shortest</th>
<th>Min, Hours, Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>Min, Hours, Days</td>
<td>Median</td>
<td>Min, Hours, Days</td>
</tr>
<tr>
<td>Longest</td>
<td>Min, Hours, Days</td>
<td>Longest</td>
<td>Min, Hours, Days</td>
</tr>
</tbody>
</table>

Total # of cases or whom info available

**Signs or Symptoms (Primary Cases Only)**

<table>
<thead>
<tr>
<th>Feature (e.g., diarrhea, fever, cough)</th>
<th># cases with sign or symptom</th>
<th>Total # cases for whom info available</th>
</tr>
</thead>
</table>

|                       |                               |                                  |

Last revised 03/2014     DOH 420-033
## SECONDARY CASES: mode of transmission (check all that apply)

- Food
- Water
- Animal contact
- Person-to-person
- Environmental not food/water
- Indeterminate/Other/Unknown

### 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

<table>
<thead>
<tr>
<th>Genus</th>
<th>Species</th>
<th>Serotype</th>
<th>Confirmed outbreak etiology</th>
<th>Other characteristics</th>
<th>Detected in*</th>
<th># Lab-confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
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</tr>
</tbody>
</table>

*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)

- Camp
- Child day care
- Community-wide
- Hospital
- Hotel
- Nursing home
- Prison or detention facility
- Petting zoo
- Private setting (residential home)
- Religious facility
- Restaurant
- 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)

<table>
<thead>
<tr>
<th>Setting (e.g. child care)</th>
<th>Estimated # exposed</th>
<th>Estimated # ill</th>
<th>Crude attack rate (# ill / # exposed)</th>
</tr>
</thead>
</table>

## 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.