

Purpose

This document provides guidance to local health jurisdictions (LHJ) regarding initial notification and final reporting of outbreaks to Washington State Department of Health Communicable Disease Epidemiology Office (CDE) as required by WAC 246-101-510. LHJs must immediately notify CDE of all outbreaks or suspected outbreaks of acute communicable diseases of public health significance (excluding HIV, STIs and TB) and, for certain outbreaks where an investigation is required, submit a written summary upon completion of the investigation. This document is not intended to give guidance on when an outbreak requires local public health response.

Notification and Reporting

Initial Notification

When an LHJ is notified of an outbreak or suspected outbreak of illness, the LHJ should immediately notify CDE via telephone or electronic data transmission. The initial notification should include preliminary information about the suspected etiology, the suspected source, the site or location, and the number of persons affected.

Final Report

Final reports only need to be submitted to CDE for outbreaks involving investigation activities beyond those required for routine follow-up and basic documentation. Examples of these activities include site visits, field assessments, case finding, record reviews, community control measures, and laboratory analysis. A summary of each outbreak investigation should be reported to CDE using the appropriate outbreak reporting form or an alternative format containing the same data elements. Final reports should be completed and faxed to CDE at 206-418-5515 within seven days of finalizing the investigation.

Please note that the form used for final outbreak reporting is determined by category (e.g., foodborne, vaccine preventable). For outbreaks of conditions with multiple possible transmission routes (e.g., STEC), the outbreak should be reported using the transmission route identified during the outbreak investigation. For outbreaks where the transmission route is indeterminate, please use the outbreak reporting form titled *Other (person-to-person, environmental, indeterminate, other or unknown)*.

If requested, CDE staff will assist LHJs with completing outbreak reporting forms. CDE staff in collaboration with LHJs will complete outbreak reporting forms for multi-jurisdictional outbreaks (e.g., an exposure occurs in one county but cases reside in another county).

If you have any questions regarding reporting of outbreaks, please contact CDE at 206-418-5500.

Outbreak Definitions and Forms

Foodborne Outbreaks

- Definition: An incident in which 1) two or more persons experience a similar illness after exposure to the same food source and 2) epidemiologic evidence implicates food as the likely source of the illness.
- Reporting form: [Foodborne Outbreak Reporting Form](#)
- Comments: All laboratory confirmed and probable foodborne disease outbreaks should be reported to CDE. Suspected outbreaks may lead to public health activities but do not require submission of a final report to CDE. For more detailed information see [Appendix A](#).

Waterborne Outbreaks

- Definition: An incident in which 1) two or more persons experience a similar illness after exposure to the same water source and 2) epidemiologic evidence implicates water as the likely source of the illness.
- Reporting form: [Waterborne Outbreak Reporting Form](#)
- Comment: Examples of waterborne outbreaks include cases of cryptosporidiosis among children exposed to a waterpark or cases of STEC associated with a private well.

Animal Contact/Vectorborne Outbreaks

- Definition: An incident in which 1) two or more persons experience a similar illness after exposure to a common animal or environmental source and 2) epidemiologic evidence implicates an animal or environmental exposure as the likely source of the illness.
- Reporting form: [Zoonotic Disease Outbreak Reporting Form](#)
- Comments: Household clusters of relapsing fever, community-wide increases in cases of West Nile virus disease and clusters of individuals with suspected exposure to rabies may lead to public health activities but do not require submission of a final report to CDE.

Influenza-like Illness Outbreaks

- Definition: A sudden increase in acute febrile respiratory illness over the normal background rate in an institutional setting or when any resident of a long term care facility (LTCF) tests positive for influenza.
- Reporting form: [Influenza-Like Illness Outbreak Reporting Form](#)
- Comments: LHJs should notify CDE of ILI outbreaks in institutional settings (excluding schools) using the above form or an equivalent form. Submission of a final outbreak report is not required unless there are circumstances of public health concern (e.g., significant morbidity or mortality) which require investigative activities beyond implementation of infection control measures.

Vaccine Preventable Disease Outbreaks

- Definition: Multiple confirmed or suspected cases which are either epidemiologically-linked or are clustered in time and space.
- Reporting form: [Vaccine Preventable Disease Outbreak Reporting Form](#)
- Comments: LHJs should notify CDE of all outbreaks or suspected outbreaks of vaccine preventable disease, including varicella. This form should be completed for outbreaks of *Haemophilus influenzae* invasive disease, hepatitis A (non-foodborne or waterborne), measles, meningococcal disease, mumps, pertussis, and varicella. Household clusters of pertussis do not require completion of an outbreak reporting form, regardless of size. Instances of two or more epidemiologically-linked cases of varicella are of public health interest in order to monitor vaccine efficacy and completion of an outbreak reporting form may be required.

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

- Definition: Multiple confirmed or suspected cases of a notifiable condition or condition of public health interest which are epidemiologically-linked AND represent a risk of broader transmission (i.e., transmission outside a household).
- Reporting form: [Other Outbreak Reporting Form](#)
- Comments: This form should be completed for outbreaks for which the transmission route is indeterminate, environmental (other than waterborne), person-to-person (other than vaccine preventable), other or unknown. Examples include an outbreak of STEC in a childcare facility or an outbreak of Group A Strep in a hospital. Outbreaks of viral gastroenteritis other than foodborne or waterborne may lead to public health activities but do not require submission of a final report to CDE.

Appendix A – Foodborne Disease Outbreaks

A foodborne disease outbreak is defined as an incident in which 1) two or more persons experience a similar illness after exposure to the same food source and 2) epidemiologic evidence implicates the food as the likely source of the illness.

Laboratory- confirmed: An outbreak of foodborne disease with laboratory evidence confirming the outbreak etiology.

Probable: An outbreak of foodborne disease with observational evidence and contributing factors without laboratory evidence.

Suspected: A group of cases linked by time or place (also known as a cluster) but without evidence linking illnesses to a common food. Suspected outbreaks of foodborne disease may lead to public health activities, including heightened oversight of a facility, but do not require submission of a final summary report to DOH.

Types of epidemiologic evidence

Types of evidence gained by epidemiologic and environmental investigation

- Illnesses are consistent with exposure to a foodborne agent AND illness onsets are consistent with exposure to a common food AND exposure cannot be explained by another transmission route (e.g. person-to-person or zoonotic) or other exposures.
- Contributing factors are identified that are consistent with the epidemiological and/or laboratory evidence
- Analytic epidemiological study with statistically significant association between illness and exposure to a common food

Types of laboratory evidence

- Detection of an agent in human cases with descriptive evidence of a common food exposure
- Detection of an agent in a food vehicle and illnesses compatible with the agent in outbreak cases
- Detection of an agent in human cases and in a food vehicle

Additional Definitions

Case-patient (abbreviated as Case): A person in the population or study group identified as having the particular disease or condition under investigation.

Agent: A pathogen or toxin considered to be the cause of the outbreak of foodborne illness.

Food Vehicle: Food that is contaminated by an agent. The vehicle provides the means for an agent to come into contact with a susceptible individual.

Common Food: Documentation that cases consumed the same food or meal at an identified food facility or group gathering; or cases consumed a food product distributed from an identified common source.

Contributing Factor: A fault or circumstance that singly or in combination led to the outbreak of foodborne disease. Contributing factors may include food handling practices which allow contamination of a food, and/or proliferation, amplification and/or survival of an agent.