

COVID-19 Outbreak Determination/Investigation Form

Enter outbreaks into WDRS. If you have questions, please email nhcs-covid@doh.wa.gov or HAIEpiOutbreakTeam@doh.wa.gov

Investigation status: Active investigation Closed investigation Unable to contact Refused contact

Form status: Preliminary report Final report

Cluster ruled out (check this box in WDRS but do not delete the outbreak event)

Request for DOH assistance with outbreak (check this box **and** call 206-418-5500 to request assistance)

Accountable County/LHJ: _____ **LHJ lead investigator:** _____

Initial LHJ notification date: ___/___/___

Site/facility name: _____

Site/facility address: _____ **City:** _____ **Zip code:** _____

Investigation complete date: ___/___/___

Optional dates: First case symptom onset date (or positive test specimen collection date if asymptomatic): ___/___/___

Last case symptom onset date (or positive test specimen collection date if asymptomatic): ___/___/___

14 days from last onset date: ___/___/___

Site/Facility category (select ONE)	Details (check ONE for applicable facility type – note that a slash indicates “or” e.g., bar or nightclub)
<input type="checkbox"/> Long term/senior	<input type="checkbox"/> Adult family home <input type="checkbox"/> Assisted living <input type="checkbox"/> ESF/ICF/IID <input type="checkbox"/> Nursing home <input type="checkbox"/> Senior living
<input type="checkbox"/> Healthcare, other	<input type="checkbox"/> Ambulatory surgery <input type="checkbox"/> Behavioral health <input type="checkbox"/> Cancer care <input type="checkbox"/> Dental <input type="checkbox"/> Dialysis <input type="checkbox"/> Home healthcare <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient rehab care <input type="checkbox"/> Intermediate care <input type="checkbox"/> Outpatient <input type="checkbox"/> Supported living facility <input type="checkbox"/> Other:
<input type="checkbox"/> Government	<input type="checkbox"/> Agency, facility, etc. <input type="checkbox"/> Corrections <input type="checkbox"/> Juvenile justice <input type="checkbox"/> Other:
<input type="checkbox"/> Goods producing industry	<input type="checkbox"/> Agriculture/employer housing/produce packing <input type="checkbox"/> Manufacturing (food related) <input type="checkbox"/> Manufacturing (non-food) <input type="checkbox"/> Other:
<input type="checkbox"/> Service-providing industry	<input type="checkbox"/> Childcare/pre-k <input type="checkbox"/> College/university <input type="checkbox"/> Food service/restaurant <input type="checkbox"/> Grocery <input type="checkbox"/> K-12 school <input type="checkbox"/> Leisure/hospitality/recreation <input type="checkbox"/> Professional services/office-based (business, IT, finance, legal) <input type="checkbox"/> Retail <input type="checkbox"/> Shelter/homeless service <input type="checkbox"/> Transportation/shipping/delivery <input type="checkbox"/> Warehousing <input type="checkbox"/> Youth sport/activity/camp <input type="checkbox"/> Other:
<input type="checkbox"/> Community, other	<input type="checkbox"/> College housing <input type="checkbox"/> Congregate housing (not employer provided) <input type="checkbox"/> Other:

Multi-county outbreak Multi-state outbreak If yes, list other jurisdictions:

Provide the total case count below. If affiliation is known, you can add case counts by their affiliation in the summary below. Cases can be linked in WDRS if your team wants this information for their records. The total number of exposed people at a site is particularly useful for outbreaks in healthcare settings, schools, correctional settings, and employer provided housing.

WDRS Outbreak Information Summary

Summary totals for ___/___/202_	Total Number Exposed	Total number of cases	Total Number Fatal
Employees/staff (excluding full-time teleworker staff)			
Contractors/vendors at site (exclude full time telework)			
Clients/residents/inmates/students/attendees (as relevant)			
Other			
Total			

Notes:

