**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

**LHJ Cluster #: ________**

**LHJ Cluster Name:**

**DOH outbreak #: __________**

**NORS #: __________**

**Date of initial notification to DOH:** ___/___/_____

**Date report sent to DOH:** ___/___/_____

**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

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>
<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></td>
<td></td>
<td></td>
<td>&lt;1 yr  %</td>
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<tr>
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<td>1-4 yrs %</td>
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<td>5-9 yrs %</td>
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<td>10-19 yrs %</td>
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</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>
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<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

**SIGN OR SYMPTOMS (PRIMARY CASES ONLY)**

Feature (e.g., diarrhea, fever, cough) # cases with sign or symptom Total # cases for whom info available
### Secondary Cases

**Mode of transmission (check all that apply):**
- Food
- Water
- Animal contact
- Person-to-person
- Environmental not food/water
- Indeterminate/Other/Unknown

**Total # secondary**

### 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>
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</tbody>
</table>

*Detected in (choose all that apply) 1 – patient specimen 2 – food specimen 3 – environment specimen 4 – food worker specimen

### Discussion / Conclusion

Please briefly summarize the findings of this outbreak investigation.