

COVID-19 Outbreak Determination/Investigation Form

Enter into WDRS or fax completed forms to DOH Communicable Disease Epi Fax: 206-364-1060

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: ___/___/_____

Last case symptom onset date: ___/___/_____ 28 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"/> 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"/> military <input type="checkbox"/> public safety <input type="checkbox"/> other:
<input type="checkbox"/> Goods-producing industry	<input type="checkbox"/> agriculture / employer housing / produce packing <input type="checkbox"/> construction <input type="checkbox"/> fishing <input type="checkbox"/> forestry / hunting <input type="checkbox"/> manufacturing (food-related) <input type="checkbox"/> manufacturing (non-food) <input type="checkbox"/> natural resources and mining <input type="checkbox"/> other:
<input type="checkbox"/> Service-providing industry	<input type="checkbox"/> bar / nightclub <input type="checkbox"/> childcare <input checked="" type="checkbox"/> K-12 school <input type="checkbox"/> college / university <input type="checkbox"/> facility / domestic cleaning service <input type="checkbox"/> food service/restaurant <input type="checkbox"/> hotel <input type="checkbox"/> leisure / hospitality / recreation <input type="checkbox"/> personal care or service (hair, nails) <input type="checkbox"/> place of worship <input type="checkbox"/> professional services / office-based (business, IT, finance, legal) <input type="checkbox"/> retail / grocery <input type="checkbox"/> real estate <input type="checkbox"/> stadium, arena, venues <input type="checkbox"/> shelter / homeless service <input type="checkbox"/> summer camp <input type="checkbox"/> transportation / shipping / delivery <input type="checkbox"/> utilities <input type="checkbox"/> warehousing <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"/> large gathering <input type="checkbox"/> private event <input type="checkbox"/> other:

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

Link cases in WDRS, or if available provide counts below. Total populations at a site are particularly useful for outbreaks in healthcare settings, schools, correctional settings, and employer provided housing.

WDRS Outbreak Information Summary

# of Lab positive cases:	# of cases within last 14 days:	Date of most recent lab positive case:			
Summary totals for ___/___/202_		Total	Tested	Cases (PCR+ or antigen positive / other probable)	Deaths
Employees/staff (excluding full-time teleworker staff)				/	
Contractors/vendors at site (exclude full time telework)				/	
Clients/residents/inmates/students (as relevant)				/	
Other				/	

Notes: