



Fax completed form to DOH  
Communicable Disease Epi  
Fax: 206-364-1060

Date of initial notification to DOH:

\_\_\_/\_\_\_/\_\_\_

LHJ Cluster #: \_\_\_\_\_

Date report sent to DOH: \_\_\_/\_\_\_/\_\_\_

LHJ Cluster Name: \_\_\_\_\_

# Outbreak Reporting Form – Vaccine Preventable Disease

Disease\*:

Form Status

- Preliminary report; in progress  
 Final report

DOH outbreak #: \_\_\_\_\_

\*For varicella outbreaks, please use [420-030 Outbreak/Cluster Reporting Form Vaccine Preventable Disease: Varicella](#)

## 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 of ill persons     Cohort study     Case-control study     Site visit (e.g. outbreak in an institution)  
 Other (please explain \_\_\_\_\_)

If applicable, attach further information about investigative activities and tools (e.g. epidemic curves, questionnaires, case definitions)

Comments:

## 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

Please list LHJs involved:

## OUTBREAK DETAILS

Earliest onset date \_\_\_/\_\_\_/\_\_\_

Latest onset date \_\_\_/\_\_\_/\_\_\_

Exposure Only?  Yes  No

Details:

Details:

Point exposure

Multiple exposures

Date \_\_\_/\_\_\_/\_\_\_

Earliest date \_\_\_/\_\_\_/\_\_\_ Last \_\_\_/\_\_\_/\_\_\_

Number of Cases and Reports Investigated		Number of Cases by Gender		Number of Cases by Vaccine* Status & Disease History	
Total Number of Reports Investigated		Male		1-dose	
Total Number of Cases		Female		2-dose	
# Confirmed		Other		3-dose	
# Probable		Unknown		4-dose	
# Suspect				5-dose	
# Lab-confirmed				>5 doses	
				Vax plus Disease Hx	
Number of Cases by Health Care Status		Number of Cases by Age Group		Disease Hx only	
# Died		<1	20-49	Unvaccinated/ No Disease Hx	
# Hospitalized		1-4	50-74	Unknown	
# Visited ER		5-9	≥75		
# Visited Health Care Provider (excl ER)		10-14	Unknown		
		15-19			
				<b>Total Number up-to-date</b>	

Please provide any other details that characterize the affected persons (e.g. wrestlers, infants, members of same church).

\* Receipt of recommended vaccine for disease under investigation prior to onset; some dose levels may not be applicable for certain vaccines

**RANGE OF SYMPTOMS OR OTHER PERTINENT CLINICAL INFORMATION**

**EXPOSURE DETAILS**

City/town/place of exposure

**Major setting(s) of exposure (choose all that apply)**

<input type="checkbox"/> Airline exposure	<input type="checkbox"/> Multiple settings (e.g., >1 school)	<input type="checkbox"/> School (entire)	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Camp	<input type="checkbox"/> Nursing home	<input type="checkbox"/> School (grade(s))	
<input type="checkbox"/> Child day care	<input type="checkbox"/> Prison or detention facility	<input type="checkbox"/> School (classroom)	
<input type="checkbox"/> Community-wide	<input type="checkbox"/> Private setting (residential home)	<input type="checkbox"/> Ship	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Religious facility	<input type="checkbox"/> Sporting event	
<input type="checkbox"/> Hotel	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Workplace	

**Name(s) of facility of major setting(s):**

**Attack Rates for major setting(s) of exposure**

Total number in Group (e.g. classroom, ward, staff, community)	Estimated number exposed	Estimated number ill	Crude attack rate (# ill / # exposed)

Other settings of exposure (please specify):

**PUBLIC HEALTH ACTIONS AND CONTROL MEASURES**

Cases excluded from sensitive occupations or situations during contagious period  
 Immune status of close contacts evaluated  
 Prophylaxis of appropriate contacts recommended  
 Exposed susceptible individuals excluded from work/school for incubation period  
 Other \_\_\_\_\_

Immunity Status of Exposed Persons		Prophylaxis Indications and Receipt	
Total number of exposed persons		PEP indicated: <input type="checkbox"/> Vaccine <input type="checkbox"/> IG <input type="checkbox"/> Antibiotics	
Total number of exposed persons with <u>no</u> documented immunity (e.g., physician diagnosis, vax UTD, or prior lab confirmation)		Total number of exposed persons recommended PEP	
		# received PEP	
		# refused PEP	
# tested for immunity		# completed PEP	
# non-immune persons receiving vaccination (if eligible)			

**DISCUSSION / CONCLUSION**

Please briefly summarize the findings of this outbreak investigation.

**SUPPLEMENTAL QUESTIONS (DISEASE-SPECIFIC)**For investigations of **PERTUSSIS** outbreaks, please provide the following information

Number of lab-confirmed cases by method		Number of Cases by Immunization Status				Household /close contacts of cases with cough illness (not diagnosed with pertussis)	
# PCR (+)		# cases 7-10 y.o.		# cases ≥11 y.o.		# contacts coughing during case's exposure period	
# Culture (+)		# w/ DTaP UTD		# w/ Tdap UTD		# contacts with cough onset 6-21 days after exposure to case	

§ See CDC guidelines (immunocompromised, pregnant women, neonates whose moms have symptoms around delivery period, preterm infants exposed during neonatal period & whose moms non-immune, preterm infants born earlier than 28 weeks or weigh  $\leq 1,000g$  & exposed during neonatal period)

**COMMENTS/ NOTES**

Please provide any important aspects of outbreak not covered above. Please note any adverse outcomes that occurred in special populations.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).