Outbreak Reporting

Local Health Jurisdictions to Communicable Disease Epidemiology

Purpose

This document provides guidance to local health jurisdictions (LHJ) regarding initial notification and final reporting of outbreaks to Washington State Department of Health (DOH) Communicable Disease Epidemiology (CDE) as required by WAC 246-101-510. LHJs must *immediately* notify CDE of any outbreak or suspected outbreak of acute communicable diseases of public health significance (excluding HIV and STIs), 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 condition specific guidance about local public health response to an outbreak. If you have questions regarding reporting of outbreaks, please contact CDE at 206-418-5500.

Notification and Reporting

Initial Notification

When an LHJ is notified of an outbreak or suspected outbreak of illness, the LHJ should immediately notify CDE (206-418-5500, fax 206-364-1060, or email a subject matter expert). The initial notification should include preliminary information about the suspected etiology, the suspected source, the site or location, and the number of persons affected.

Outbreak Report Forms

Outbreak report forms need to be submitted to CDE upon completion of the investigation. Submission of other reports that may result from outbreak investigation activities is encouraged. Examples of these activities may include reports resulting from 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 206-364-1060.

Please use the appropriate forms for final outbreak reporting noted below. 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).

Public Notification

CDE will coordinate with local health jurisdictions and appropriate partners to discuss disclosing confirmed and probable multi-jurisdictional (i.e., multi-county, multi-agency) outbreaks.

Outbreak Definitions and Forms

Foodborne Outbreaks

Definition: An incident in which 1) two or more persons experience a similar illness after exposure to a common food item or food venue (ie. event, restaurant, group meal) and 2) epidemiologic evidence implicates food as the likely source of the illness.

Reporting form: Foodborne Outbreak Reporting Form

Comments: All foodborne disease outbreaks should be reported to CDE. A report to CDE is encouraged for suspected outbreaks that lead to public health activities. 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: All waterborne disease outbreaks should be reported to CDE. Examples of waterborne outbreaks include cases of cryptosporidiosis among children exposed to a waterpark, cases of STEC associated with a private well, or two or more legionellosis cases associated with a healthcare facility water system. Consult with CDE to determine whether an outbreak associated with ice should be considered foodborne or waterborne.

Animal Contact/Vectorborne Outbreaks

Definition: An incident in which 1) two or more persons experience a similar illness after exposure to a common animal, vector, or environmental source and 2) epidemiologic evidence implicates an animal, vector, or environmental exposure as the likely source of the illness.

Reporting form: Zoonotic Disease Outbreak Reporting Form

Comments: A report to CDE is encouraged for situations that lead to public health activities such as household clusters of relapsing fever, multiple cases of enteric infection associated with a fair, and clusters of individuals with suspected exposure to rabies.

Healthcare-Associated Infections Outbreaks

Definition:	An "unusual" number of patients or residents with the same healthcare-associated infection, including multidrug-resistant organisms (MDROs), clustered by time and place.
Reporting form:	Individual case: Highly Antibiotic Resistant Organism Individual case: Rare diseases of public health significance Outbreaks: Outbreak Reporting Form - Other
Comments:	LHJs should report any known or suspected common-source outbreaks, including outbreaks associated with health care, regardless of whether the disease, infection, microorganism, or condition is specified in the reportable disease rule. Additionally, any uncommon illness of potential public health significance should be reported to the LHJ. Healthcare-associated MDROs of public health significance include carbapenem-resistant *Enterobacteriaceae*, multidrug-resistant *Acinetobacter baumannii*, *Clostridium difficile*, methicillin-resistant *Staphylococcus aureus*. For reporting influenza like illness (ILI) in long-term care facilities, please refer to the ILI section of this document.

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 Varicella 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*), acute hepatitis B (excluding healthcare-based outbreaks), 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. * Foodborne hepatitis A outbreaks should be reported on the Foodborne Outbreak Reporting form. Waterborne hepatitis A outbreaks should be reported on the Waterborne Outbreak Reporting form.

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 implementing infection control measures. For recommendations on management of ILI in LTCFs, see https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation (scroll to long-term care guidance section) For general influenza information for healthcare providers and public health, see https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation Also, remember that lab-confirmed influenza deaths are reportable to DOH. See guidelines here: https://www.doh.wa.gov/Portals/1/Documents/5100/420-112-Guideline-InfluenzaDeath.pdf and the reporting form here: https://www.doh.wa.gov/Portals/1/Documents/5100/420-019-ReportForm-Influenza.pdf

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 which 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 or animal-associated), person-to-person (other than vaccine preventable or healthcare-associated), other or unknown. An example is an outbreak of STEC in a childcare facility. A report to CDE is encouraged for outbreaks of viral gastroenteritis other than foodborne or waterborne that lead to public health activities.

Appendix A – Foodborne Disease Outbreaks

An incident in which 1) two or more persons experience a similar illness after exposure to a common food item or food venue (i.e. restaurant, event, group meal) and 2) epidemiologic evidence implicates food as the likely source of the illness.

Cluster: A foodborne cluster is a group of cases linked by time or place or related by PFGE/WGS but without evidence linking illnesses to a common food. Not all clusters are outbreaks, but all clusters are investigated thoroughly ad rapidly to rule out an outbreak or to implement control measures. Foodborne clusters may lead to public health activities, including heightened oversight of a facility, but do not require submission of a final 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.