



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

Date of initial notification to DOH:

___/___/___

Date report sent to DOH: ___/___/___

Form Status

- Preliminary report; in progress
 Final report

LHJ Cluster #: _____

LHJ Cluster Name: _____

DOH outbreak #: _____

NORS #: _____

Outbreak Reporting Form – Animal Contact / Vectorborne

Disease

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)

- | | |
|--|--|
| <input type="checkbox"/> Interviews only of ill persons | <input type="checkbox"/> Animal distributor traceback |
| <input type="checkbox"/> Case-control study | <input type="checkbox"/> Investigation at original source (e.g., farm) |
| <input type="checkbox"/> Cohort study | <input type="checkbox"/> Environmental inspection |
| <input type="checkbox"/> Environment/animal sample testing | |
| <input type="checkbox"/> Other _____ | |

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

Comments

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

Please list LHJs involved:

City/Town/Place of Exposure: _____

PRIMARY CASES

Number of Primary Cases	Sex (estimated % of the primary cases)	
# Confirmed cases	Male	%
# Probable cases	Female	%
# Estimated total primary ill		

	# cases	Total # for whom info is available	Approx % of primary cases by age			
# Died			<1 yr	%	20-49 yrs	%
# Hospitalized			1-4 yrs	%	50-74 yrs	%
# Visited emergency room			5-9 yrs	%	≥75 yrs	%
# Visited health care provider (excluding ER visits)			10-19 yrs	%	Unknown	%

INCUBATION PERIOD (PRIMARY CASES ONLY)

DURATION OF ILLNESS (PRIMARY CASES ONLY)

	Min, Hours, Days		Min, Hours, Days
Shortest		Shortest	
Median		Median	
Longest		Longest	
Total # of cases or whom info available		Total # of cases or whom info available	

Unknown incubation period

Unknown duration of illness

SIGNS OR SYMPTOMS (PRIMARY CASES ONLY)						
Feature (e.g. diarrhea, fever, cough)	# cases with signs or symptoms	Total # cases for whom info available				
SECONDARY CASES						
Mode of secondary transmission (check all that apply)				Number of secondary cases		
<input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Animal contact <input type="checkbox"/> Person-to-person <input type="checkbox"/> Environmental contamination other than food/water <input type="checkbox"/> Indeterminate/Other/Unknown				# Confirmed secondary cases		
				# Probable secondary cases		
				Total # secondary cases		
				Total # cases (Primary + Secondary)		
TOTAL CASES (PRIMARY AND SECONDARY):						
LABORATORY						
Etiology known? <input type="checkbox"/> Yes <input type="checkbox"/> No If etiology is <i>unknown</i> , were patient specimens collected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many specimens collected? (provide numeric value) _____ What were they tested for? (check all that apply) <input type="checkbox"/> Bacteria <input type="checkbox"/> Chemicals/Toxins <input type="checkbox"/> Viruses <input type="checkbox"/> Parasites						
Genus	Species	Serotype	Confirmed outbreak etiology	Other characteristics	Detected in*	# Confirmed cases
			<input type="checkbox"/> Yes			
			<input type="checkbox"/> Yes			
*Specimen detected in (choose all that apply) 1 – patient 2 – food 3 – environment 4 – food worker 5 – animal 6 – water						
DOH USE ONLY:						
MAJOR SETTING OF EXPOSURE (choose one)						
<input type="checkbox"/> Camp <input type="checkbox"/> Campground <input type="checkbox"/> Child day care <input type="checkbox"/> Community-wide <input type="checkbox"/> Fair <input type="checkbox"/> Farm <input type="checkbox"/> Hospital <input type="checkbox"/> Hotel		<input type="checkbox"/> Multiple settings (e.g., pets in >1 home) <input type="checkbox"/> Nursing home <input type="checkbox"/> Pet store <input type="checkbox"/> Petting zoo <input type="checkbox"/> Prison or detention facility <input type="checkbox"/> Private setting (residential home) <input type="checkbox"/> Religious facility <input type="checkbox"/> Restaurant			<input type="checkbox"/> School <input type="checkbox"/> Ship <input type="checkbox"/> Workplace <input type="checkbox"/> Other _____	
Name of facility or major setting: _____						
ANIMALS AND THEIR ENVIRONMENT						
Setting of Exposure	Type of animal	Remarks				
PUBLIC HEALTH ACTIONS AND CONTROL MEASURES						
<input type="checkbox"/> Health education information provided to cases and contacts <input type="checkbox"/> Cases evaluated for sensitive occupations or situations and excluded during contagious period if necessary <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____						

DISCUSSION / CONCLUSION

Please briefly summarize the findings of this outbreak investigation.

Supporting documentation attached, if relevant