



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

Date of initial notification to DOH:

___/___/___

LHJ Cluster #: _____

Date report sent to DOH:

___/___/___

LHJ Cluster Name: _____

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

DOH outbreak #: _____

NORS #: _____

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

Please list other LHJs involved: _____

City/Town/Place of Exposure: _____

PRIMARY CASES

# Lab-confirmed cases		Sex (estimated % of the primary cases)				
# Probable cases		Male	%			
# Estimated total primary ill		Female	%			
		Other	%			
		Unknown	%			
	# 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)

Shortest		Min, Hours, Days	Shortest		Min, Hours, Days
Median		Min, Hours, Days	Median		Min, Hours, Days
Longest		Min, Hours, Days	Longest		Min, Hours, Days

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 sign or symptom	Total # cases for whom info available

SECONDARY CASES: mode of transmission (check all that apply) <input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Animal contact <input type="checkbox"/> Person-to-person <input type="checkbox"/> Environmental not food/water <input type="checkbox"/> Indeterminate/Other/Unknown	Secondary Cases	
	# Lab-confirmed secondary	
	# Probable secondary	
	Total # secondary	
TOTAL CASES (PRIMARY AND 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

Genus	Species	Serotype	Confirmed outbreak etiology	Other characteristics	Detected in*	# Lab-confirmed cases
			<input type="checkbox"/> Yes			
			<input type="checkbox"/> Yes			

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

DOH USE ONLY:

MAJOR SETTING(S) OF EXPOSURE (choose all that apply)

- Camp Hotel Private setting (residential home) School
- Child day care Nursing home Religious facility Ship
- Community-wide Prison or detention facility Restaurant Workplace
- Hospital Petting zoo Other _____

Name of facility or major setting of exposure that yielded first cluster in outbreak: _____

ATTACK RATES FOR MAJOR SETTING(S) OF EXPOSURE (only complete if primary transmission mode person-to-person)

Setting (e.g. child care)	Estimated # exposed	Estimated # ill	Crude attack rate (# ill / # exposed)

PUBLIC HEALTH ACTIONS AND CONTROL MEASURES

- Health education information provided to cases and contacts
- Cases evaluated for sensitive occupations or situations and excluded during contagious period if necessary
- _____
- _____

DISCUSSION / CONCLUSION

Please briefly summarize the findings of this outbreak investigation.

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.