Outbreak Reporting

Local Health Jurisdictions to DOH Office of Communicable Disease Epidemiology

Section A: Purpose

This document provides guidance to local health jurisdictions (LHJs) regarding initial notification and final reporting of communicable disease outbreaks to Washington State Department of Health (DOH) Office of Communicable Disease Epidemiology (OCDE) as required by WAC 246-101-510. LHJs must *immediately* notify OCDE of any outbreak or suspected outbreak within their jurisdiction (excluding conditions for which Office of Infectious Disease should be notified including HIV, mpox, hepatitis B/C, and STIs[1]). 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 OCDE at 206-418-5500.

Section B: Notification and Reporting

Notification of Outbreak to OCDE by LHJ

When an LHJ is notified of an outbreak or suspected outbreak of illness, the LHJ should immediately notify OCDE via phone (206-418-5500), fax (206-364-1060), or by emailing a subject matter expert or team, unless otherwise specified below. The initial notification should include preliminary information about the suspected etiology, the suspected source, the site or location, and the number of persons affected.

Note that additional reporting may be required, for example if an outbreak occurs in a licensed healthcare or childcare setting.

Submission of Outbreak Reports to OCDE

Submit outbreak reports to OCDE upon completion of the investigation. Required outbreak reports, content, and submission methods differ by type of outbreak or condition (see Section C for details). Submission of other records that may result from outbreak investigation activities is encouraged. Examples of these records may include reports resulting from site visits, field assessments, case findings, record reviews, community control measures, and laboratory analyses. A summary of each outbreak investigation should be reported to OCDE using the appropriate outbreak reporting form, Washington Disease Reporting System (WDRS) outbreak module, or an alternative format containing the same data elements (as indicated in Section C). Final reports completed on paper should be faxed to OCDE at 206-364-1060 or sent via secure email to the subject matter expert (SME) group as indicated below.

[1] *For reporting of outbreaks of these conditions, please contact the Office of Infectious Disease for further instruction at oid.notifiableconditions@doh.wa.gov.*

Please use the appropriate submission method (e.g., via WDRS or using paper forms) for outbreak reporting to OCDE as noted in Section C. For outbreaks of conditions with multiple possible transmission routes (e.g., Shiga toxin-producing *E. coli*), the outbreak should be reported based upon the transmission route identified during the outbreak investigation. For outbreaks where the transmission route is indeterminate, please use the Outbreak Reporting Form – Other (PDF) (person-to-person, environmental, indeterminate, other, or unknown).

If requested, OCDE staff will assist LHJs with completing outbreak reporting forms or will assist with bulk upload and other data support in WDRS. OCDE 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).

When using WDRS to report an outbreak (See: WDRS Outbreak Events Training Guide), use the following naming convention, replacing colored items as appropriate, based on the year of first case onset:

- Year of outbreak Jurisdiction Condition Facility Name Outbreak Number (e.g., 2023 Spokane COVID-19 Garden Nursing 3)
    - Year of outbreak: This is the year when the current outbreak started.
    - Jurisdiction: This is the county in which the outbreak occurred.
    - Condition: This is the specific condition causing the outbreak.
    - Facility: For facilities with multiple locations, add city, street name or facility number as appropriate.
    - Outbreak number: If there are multiple outbreaks at the same facility, add the number of outbreaks since the start of outbreak entry in WDRS (this number does not start over for a new year.
    - Do not input any Protected Health Information (PHI) in outbreak names including names, house numbers, or other personally identifiable information.

Reporting outbreaks via WDRS will require access as an outbreak manager. To obtain this access, please contact your LHJs data steward. Questions about required outbreak reporting forms, content, and submission method can be directed to 206-418-5500.

Public Notification

CDE will coordinate with local health jurisdictions and appropriate partners to discuss when and how to disclose confirmed and probable multi-jurisdictional (i.e., multi-county, multi-agency) outbreaks or alerts related to such outbreaks (e.g., hepatitis A post-exposure prophylaxis).

Section C: Outbreak Definitions and Forms by Type of Outbreak	
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.
Initial notification:	Call 206-418-5500 or email foodborne-epi@doh.wa.gov.
Reporting methods:	Foodborne Outbreak Reporting Form (PDF)
Comments:	Immediately notify OCDE when an outbreak is suspected. DOH epidemiologists and food safety specialists are available to assist local health jurisdictions with Foodborne Disease (FBD) outbreak investigations. OCDE epidemiologists are responsible for coordinating the investigation of multi-county and multi-state FBD outbreaks involving Washington residents. Report FBD outbreak investigation summaries to OCDE using the following forms: • Foodborne Outbreak Reporting Form (PDF): This combines a DOH-specific cover sheet with the Centers for Disease Control and Prevention (CDC) National Outbreak Reporting System (NORS) Form. Additional guidance on NORS form available at https://www.cdc.gov/nors/forms.html. • DOH Environmental Assessment Forms Set 1 and Set 2 For more detailed information see Appendix A and Foodborne Disease Outbreaks Reporting and Investigation Guideline Note: for healthcare-associated outbreaks (i.e., an outbreak occurring in a healthcare facility such as a long-term care facility), LHJs should report the outbreak to DOH using the Norovirus (healthcare-associated) outbreak event module (if norovirus) or the Healthcare-Acquired Infections (Other) outbreak event module (for other GI illnesses) in WDRS (see below).

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.
Initial notification:	Call 206-418-5500 or email waterborne-epi@doh.wa.gov
Reporting methods:	Waterborne Outbreak Reporting Form (PDF)
Comment:	All waterborne disease outbreaks should be reported to OCDE. Examples of waterborne outbreaks include cases of cryptosporidiosis among children exposed to a waterpark, cases of Shiga toxin-producing *E. coli* (STEC) associated with a private well, or two or more legionellosis cases associated with a healthcare facility water system. Consult with OCDE to determine whether an outbreak associated with ice should be considered foodborne or waterborne.
Animal Contact/Vectorborne Outbreaks	
Definition:	An incident in which two or more persons experience a similar illness after exposure to a common animal, vector, or environmental source OR two or more confirmed or suspected zoonotic or vector-borne disease cases are identified with epidemiological-linkage or clustering in space and time.
Initial notification:	Call 206-418-5500 or email zd@doh.wa.gov
Final reporting method:	Zoonotic Disease Outbreak Reporting Form (PDF)
Comments:	A report to OCDE 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 (HAI) Outbreaks	
Definition:	An "unusual" number of patients or residents with the same HAI, including multidrug-resistant organisms (MDROs), clustered by time and place.
Initial notification:	WDRS outbreak event creation or email to HAIEpiOutbreakTeam@doh.wa.gov for non-MDRO outbreaks. For MDRO, contact the MDRO team at mdro-ar@doh.wa.gov, Marisa D'Angeli marisa.dangeli@doh.wa.gov, and Kelly Kauber kelly.kauber@doh.wa.gov.
Reporting methods:	Reporting can be done using outbreak event modules in WDRS. When WDRS is used to report outbreaks, additional forms are not required. **Available HAI-specific WDRS modules include:** • Norovirus (healthcare-associated) - Confirmed or suspected norovirus outbreaks in healthcare settings • Healthcare Acquired Infections - Other: Any outbreak, infection control breech, or investigation that occurs in healthcare that is not HARO, influenza, COVID-19, or norovirus. • Highly Antibiotic Resistant Organisms (HARO): All targeted MDRO outbreak/facility response investigation should be entered. This module can also be used for other MDRO outbreak investigations.
Comments:	LHJs should report any known or suspected 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 by the LHJ. MDROs of public health significance include carbapenemase-producing (CP) *Enterobacteri*ales, CP *Acinetobacter baumannii*, and *CP Pseudomonas*, as well as *Candida auris*. For reporting influenza like illness (ILI) in long-term care facilities, please refer to the ILI section of this document. For reporting COVID-19 outbreaks in healthcare settings, please refer to the COVID-19 section of this document.

Vaccine Preventable Disease (VPD) Outbreaks	
Definition:	Multiple confirmed or suspected cases which are either epidemiologically-linked or are clustered in time and space; specific outbreak definition varies by condition. VPDs include: measles, mumps, rubella, pertussis, diphtheria, tetanus, polio, Acute Flaccid Myelitis (AFM), *Haemophilus influenzae* invasive disease, meningococcal disease, and primary varicella (chickenpox).
Initial notification:	Call 206-418-5500 or email vpd-cde@doh.wa.gov.
Reporting methods:	Varicella: Varicella Disease Outbreak Reporting Form (PDF) All other VPDs except varicella: Call 206-418-5500 or email vpd-cde@doh.wa.gov
Comments:	LHJs should notify OCDE of all outbreaks or suspected outbreaks of vaccine preventable disease, including varicella. Please notify the VPD team by phone or email when a VPD outbreak is suspected or confirmed to be occurring. Varicella clusters and outbreaks use a specific form, so please complete the Varicella Disease Outbreak Reporting Form for outbreaks of primary varicella (chickenpox).

Influenza-like Illness (ILI) 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 methods:	**Electronic reporting:** ILI outbreaks may be reported to OCDE via the WDRS "Influenza, seasonal" outbreak event module, or **Paper reporting:** Influenza-Like Illness Outbreak Reporting Form (PDF)
Comments:	LHJs should **notify** OCDE of ILI outbreaks in institutional settings (excluding schools) using the above methods. 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.
Resources:	Recommendations on the Prevention and Control of ILI in LTCFs (PDF) Laboratory Testing and Cohorting Recommendations for Respiratory Outbreaks in LTCF when SARS-CoV-2 and Influenza Viruses are Co-circulating (PDF) General influenza information for healthcare providers and public health Lab-confirmed influenza-associated deaths are reportable to DOH. • Guidelines for Influenza Death (PDF) • Reporting Form for Influenza Death (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).
Initial notification:	Call 206-418-5500
Reporting methods:	Other Outbreak Reporting Form (PDF)
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 or hepatitis A transmitted in a shelter. A report to OCDE is encouraged for outbreaks of viral gastroenteritis other than foodborne or waterborne that lead to public health activities.
COVID-19 Outbreaks	
Definition:	COVID-19 outbreak definitions vary dependent on the type of setting in which the outbreak is occurring. Please refer to section 5B of the COVID-19 LHJ investigation guidelines (PDF) for full details on COVID-19 outbreak definitions.
Reporting methods:	**Electronic reporting:** COVID-19 outbreaks may be reported to OCDE via the WDRS COVID-19 outbreak event module. This module can be used for all outbreak settings, including healthcare and non-healthcare settings. For additional information on outbreak creation and case linking in WDRS, please see the Outbreak Events Training Guide and How to Add Aggregate Case Counts to Outbreaks in WDRS. **Paper reporting:** COVID-19 Outbreak Determination/Investigation Form (PDF)
Comments:	LHJs should notify OCDE of COVID-19 outbreaks in congregate settings using WDRS as indicated above. The linking of individual cases is not required. Critical fields in the WDRS outbreak event include accountable county, lead investigator information, site category and subcategory, site name and address, earliest case symptom onset date, and aggregate case count.
Resources:	Recommendations on Management of COVID-19 in LTCFs (PDF)

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.