



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

Form Status

- Preliminary report; in progress
 Final report

DOH outbreak #: _____

Disease*:

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

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 ≤ 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.