



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: _____

Form Status

- Preliminary report; in progress
 Final report

DOH outbreak #: _____

Outbreak Reporting Form – Vaccine Preventable Disease

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

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	
# tested for immunity		# received PEP	
# non-immune persons receiving vaccination (if eligible)		# refused PEP	
		# completed PEP	

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.

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