



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)			
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# Probable cases		Male	%		
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# Estimated total primary ill		Female	%		
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		Other	%		
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		Unknown	%		
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	# cases	Total # for whom info is available	Approx % of primary cases by age			
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# Died			<1 yr	%	20-49 yrs	%
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# Hospitalized			1-4 yrs	%	50-74 yrs	%
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# Visited emergency room			5-9 yrs	%	≥75 yrs	%
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# Visited health care provider (excluding ER visits)			10-19 yrs	%	Unknown	%
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INCUBATION PERIOD (PRIMARY CASES ONLY)

DURATION OF ILLNESS (PRIMARY CASES ONLY)

Shortest		Min, Hours, Days	Shortest		Min, Hours, Days
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Median		Min, Hours, Days	Median		Min, Hours, Days
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Longest		Min, Hours, Days	Longest		Min, Hours, Days
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Total # of cases or whom info available		Total # of cases or whom info available	
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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)
 Food Water Animal contact Person-to-person
 Environmental not food/water 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 doh.information@doh.wa.gov.