



# One Health Harmful Algal Bloom System (OHHABS)



Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1105). DO NOT MAIL FORMS TO THIS ADDRESS

Form Approved  
OMB No. 0920-1105  
Expires 03/31/2019

CDC REPORT ID	CDC FORM ID	STATE REPORT ID	ANIMAL CASE ID	DATE CREATED
_____	_____	_____	_____	_____

**\*\*Note: Create or update a report by appending an environmental form to this animal form.**

**If reporting more than one animal, please create one report for each animal unless they are part of a large herd, flock, school of fish, etc.**

## GENERAL INFORMATION

### Animal Description

What is the category of animal(s) being reported? (e.g., wildlife, domestic pet, livestock) \_\_\_\_\_

What type of animal(s) are you reporting? (e.g., dog, bird, fish) \_\_\_\_\_

Additional animal description? (e.g., beagle, brown pelican, catfish) \_\_\_\_\_

Does this illness report describe a single animal or a group of animals?

Single animal (e.g., dog, bird, sea lion)

Group of animals (e.g., fish kill, flock of birds, herd of cattle)

**If reporting a single animal:**

What is the age of the animal? \_\_\_\_\_ years

What is the weight of the animal? \_\_\_\_\_  lb  kg

Did the animal die?  Yes  No  Unknown

What condition was the animal found? (check all that apply)

- Alive
- Fresh
- Scavenged
- Decomposed
- Unknown
- Not Applicable

**If reporting a group of animals:**

How many animals were affected? \_\_\_\_\_

Did the animals die?  Yes  No  Unknown

How many dead animals were counted? \_\_\_\_\_

What condition were the animals found? (check all that apply)

- Alive
- Fresh
- Scavenged
- Decomposed
- Unknown
- Not Applicable

### Dates (MM/DD/YYYY)

Did the animal(s) have exposure to algae and/or algal toxins on a single date or multiple dates? (check one)

- Single date
- Multiple dates
- Unknown

Date of first exposure: \_\_\_\_\_  AM  PM

Date of last exposure: \_\_\_\_\_  AM  PM

Date of discovery: \_\_\_\_\_  AM  PM

Date of illness onset: \_\_\_\_\_  AM  PM

Date of death: \_\_\_\_\_  AM  PM

Date of notification to Local, Territory, Tribal, or State Health Authorities \_\_\_\_\_

### Date Remarks

**ANIMAL EXPOSURE INFORMATION**
**Location**

State(s) where exposure occurred? \_\_\_\_\_

Count(ies) where exposure occurred? \_\_\_\_\_

Setting(s) of the exposure? \_\_\_\_\_

Specific location name \_\_\_\_\_

**Activities**

<b>Exposure source</b> (e.g., Water, Air, Food)	<b>Exposure activity</b> (e.g., Swimming, Eating algae)	<b>Water type</b> (if applicable) (e.g., Canal, Lake, Ocean)	<b>Food type</b> (if applicable) (e.g., Bass, Grouper, Oysters)	<b>Duration of activity</b> (e.g., 30)	<b>Duration unit</b> (e.g., Minutes)

**Exposure Routes and Remarks**

 What were the route(s) of exposure? *(check all that apply)*

- Ingestion     
  Inhalation     
  Skin contact     
  Other *(describe in Remarks)*     
  Unknown

 Exposure Remarks *(e.g., additional description of single or multiple exposures)*

**SIGNS OF ILLNESS AND HEALTH OUTCOMES**
**Signs of Illness**

<b>Sign</b> (e.g., Lethargy, Drooling)	<b>Time to onset</b> (e.g., 30)	<b>Onset unit</b> (e.g., Minutes)	<b>Duration of signs</b> (e.g., 4)	<b>Duration unit</b> (e.g., Hours)	<b>Recurrence following multiple exposures?</b> (i.e., Yes/No/Unknown/Not Applicable)

**Were the signs consistent with the route(s) of exposure?** (e.g., location of rash consistent with exposed body parts)

- Yes     
  No (describe in Remarks)     
  Unknown

**Medical Care and Health Outcomes**

**Did the animal(s) receive veterinary medical care or treatment?**

- Yes     
  No     
  Unknown

**Did the animal(s) get admitted to a veterinary facility?**

- Yes     
  No     
  Unknown

**Do you have additional information about medical care or health outcomes for the animal(s)?**

(If Yes, please describe in the Remarks)

- Yes     
  No

**Medical Care and Health Outcomes Remarks**

(Please include any other information about the medical care or health outcomes for the animal[s])

**Health History and Differential Diagnosis**

If Yes to any of the following questions, please describe in Remarks or attach any relevant documents.

Did the animal(s) have any pre-existing medical conditions or disabilities?

- Yes       No       Unknown

Did the animal(s) receive any medications in the month before illness onset?

- Yes       No       Unknown

Were other causes of the illness investigated?

- Yes       No       Unknown

Were environmental samples (e.g., mushrooms) tested to rule out other possible causes?

- Yes       No       Unknown

**Health History and Differential Diagnosis Remarks****CLINICAL TESTING**
**Clinical Testing**

Were clinical specimens tested?

- Yes (*describe in Test Results*)       No       Unknown

What type(s) of clinical testing were done to diagnose the illness or rule out other causes of illness? (*check all that apply*)

- Bloodwork       Culture       Fecal analysis       Histopathology  
 Skin biopsy       Stomach content analysis       Toxicology       Urinalysis  
 X-ray       None       Other (*describe in Remarks*)       Unknown

**Clinical Test Results**

Clinical Specimen Number	1	2	3	4	5
<b>Classification</b> (e.g., Cyanobacteria)					
<b>Genus or toxin</b> (e.g., <i>Microcystis</i> )					
<b>Species</b> (e.g., <i>aeruginosa</i> )					
<b>Subspecies/ Serotype / Genotype</b> (e.g., f. <i>scripta</i> )					
<b>Detected in clinical specimen?</b> (i.e., Yes/No/Unknown)					
<b>Detected in which types of specimens?</b> (e.g., Blood)					
<b>Concentration</b> (e.g., 20)					
<b>Unit</b> (e.g., ppm)					
<b>Test type</b> (e.g., ELISA)					

**Clinical Testing Remarks** (Please include any other clinical testing information)

Clinical Testing Remarks

**SUPPLEMENTAL INFORMATION**

**General Remarks** (Please include or attach any other relevant information not captured in this form)

General Remarks

**AUTHOR AND AGENCY INFORMATION**

**Form Author:** \_\_\_\_\_ **Agency Contact Name:** \_\_\_\_\_

**Report Author:** \_\_\_\_\_ **Agency Contact Title:** \_\_\_\_\_

**Reporting Site Name:** \_\_\_\_\_ **Agency Contact Phone:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **Agency Contact Fax:** \_\_\_\_\_

**Agency Contact Email:** \_\_\_\_\_