



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 03/31/2022

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

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

Sign (e.g., Lethargy, Drooling)	Time to onset (e.g., 30)	Onset unit (e.g., Minutes)	Duration of signs (e.g., 4)	Duration unit (e.g., Hours)	Recurrence following multiple exposures? (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
Classification (e.g., Cyanobacteria)					
Genus or toxin (e.g., <i>Microcystis</i>)					
Species (e.g., <i>aeruginosa</i>)					
Subspecies/ Serotype / Genotype (e.g., f. <i>scripta</i>)					
Detected in clinical specimen? (i.e., Yes/No/Unknown)					
Detected in which types of specimens? (e.g., Blood)					
Concentration (e.g., 20)					
Unit (e.g., ppm)					
Test type (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: _____