



# 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  
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CDC REPORT ID

CDC FORM ID

STATE REPORT ID

DATE CREATED

## GENERAL INFORMATION

Dates (MM/DD/YYYY)

Date bloom was first observed \_\_\_\_\_

Date Remarks

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

If no bloom date is available, select and explain in Remarks.

1-Foodborne intoxication, 2-Other evidence of harmful algal toxicity

Geographic Description (For foodborne intoxication, report where food was caught/harvested)

### Location

State/Jurisdiction \_\_\_\_\_ Count(ies) \_\_\_\_\_

Did an algal bloom impact water quality in any other states/jurisdictions?

Yes No Unknown Not applicable

If Yes, what other state(s) were affected? \_\_\_\_\_

Official name of water body \_\_\_\_\_ Common name of water body \_\_\_\_\_

Specific location name \_\_\_\_\_ Nearest city/town \_\_\_\_\_

### Location Coordinates

Coordinate format: Degrees Minutes Seconds (DD MM SS) Decimal Degrees (DDD.DDDD)

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Hydrologic unit code (e.g., 04-Great Lakes) \_\_\_\_\_ <http://water.usgs.gov/GIS/huc.html>

## Water Body Characteristics

Water type (e.g., Lake, Ocean) \_\_\_\_\_ Water salinity \_\_\_\_\_

What is the water body, or if applicable, the area of the water body where the bloom was located, used for? (check all that apply)

Agriculture	Aquaculture	Industrial/Occupational
Public drinking water system	Raw/Non-potable water use (e.g., lawn care)	Recreation
Other (describe in Remarks)	None	Unknown

Geographic Description Remarks

**BLOOM DESCRIPTION****Health Advisories/Warnings**

Advisory or warning type	Response (i.e., Yes/No/ Unknown/ Not Applicable)	Issuing agency (e.g., State Park, Health Department)	Criteria/Reason(s) for issue (e.g., Bloom observed, Toxin detected)	Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)
Health advisory					
No contact warning					
Water body closure (recreational activity)					
Water body closure (fish/shellfish)					
Other					

**Observational Data**

Date documented (MM/DD/YYYY)	Documented by (e.g., General public, Park ranger)	Scum or algal matter observed? (i.e., Yes/No/ Unknown)	Water color (e.g., Blue-green, Brown)	Water clarity (e.g., Clear, Muddy)	Water odors (i.e., Yes/No/ Unknown) (if Yes, describe in Remarks)	Water flow (e.g., Stagnant, Moving, Unknown)	Tidal conditions (e.g., High tide, Low tide)

**LABORATORY TESTING****Algae, Algal Toxins, or Components Testing**

Which of the following was tested for algae, algal toxins, or components? *(check all that apply)*

Air	Algae	Finished drinking water	Food
Raw/Ambient water	No testing	Other	Unknown

If testing was conducted,

1) Why was it tested? *(check all that apply)*

Fish illness/kill*	Animal health event response*	Citizen complaint	Human health event response*
Monitoring	Odor	Other	Unknown

**\*Please include a form for the corresponding human or animal case(s)**

2) If water was tested, was it tested for any of the following? *(check all that apply)*

Algae	Algal toxins	Chlorophyll	Copper sulfate
Enterococci	Fecal coliforms	Other	Unknown



**Laboratory Results**

(Please report information that characterizes algal testing results in environmental or food samples—more extensive results may be attached to this report)

Laboratory Result Number	1	2	3	4	5
<b>Classification</b> (e.g., Cyanobacteria, Toxin)					
<b>Genus or toxin</b> (e.g., <i>Microcystis</i> )					
<b>Species</b> (e.g., <i>aeruginosa</i> )					
<b>Sub-species</b> (e.g., f. <i>scripta</i> )					
<b>Detected in?</b> (e.g., Water, Food)					
<b>Sample description</b> (e.g., lake water sample)					
<b>Concentration</b> (e.g., 20)					
<b>Unit</b> (e.g., ppm)					
<b>Test type</b> (e.g., ELISA)					
<b>Sample collection date</b> (MM/DD/YYYY)					
<b>Sample collection time</b> (##:##)	AM PM	AM PM	AM PM	AM PM	AM PM

**Laboratory Testing Remarks**

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## LINKS TO OTHER SYSTEMS

**Links To Other Data Systems Containing Information About This Report** (Use the table below to link this report to other data systems that contain related information)

If a National Outbreak Reporting System (NORS) report was created to summarize a human outbreak associated with this OHHABS report, please enter the **NORS State ID** in the **System Report ID Number** field.

System type (e.g., Federal)	System name (e.g., NORS)	System report ID number (e.g., NORS State ID)	Brief description of linked information (e.g., Ciguatera outbreak)

## SUPPLEMENTAL INFORMATION

**General Remarks** (Please include or attach any information that was 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: \_\_\_\_\_

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