



One Health Harmful Algal Bloom System (OHHABS)

Public reporting burden of this collection of information is estimated to average 8 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 H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-1105). DO NOT MAIL FORMS TO THIS ADDRESS. OMB No. 0920-1105. Expiration Date: 08/31/2028

CDC REPORT ID	CDC FORM ID	STATE REPORT ID	REPORT DATE CREATED

GENERAL INFORMATION

Date illness reported to Health Department (MM/DD/YYYY):_____

Date of interview (MM/DD/YYYY):_____

HUMAN DESCRIPTION

Age:_____ Years Months

Sex:_____

State of Residence:_____

County of Residence:_____

What is the race and/or ethnicity of this person? (Select all that apply)

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Middle Eastern or North African

Native Hawaiian or Pacific Islander

White

Unknown

HUMAN EXPOSURE INFORMATION

Did exposure to algae, cyanobacteria, or toxins occur on a single date or multiple dates? (MM/DD/YYYY) (Select one)

Single date

Date of exposure:_____

Multiple dates

Date of first exposure:_____

Date of last exposure:_____

Unknown

Was this an occupational/volunteer exposure?

Yes No Unknown

[If yes] Specify the occupation:_____

Is the setting of the exposure the same as the HAB event reported?

Yes No Unknown

EXPOSURE SOURCE

What was the source of the exposure? (Select all that apply)

Food Water (including aerosols) Other(specify):_____ Unknown

[If food] FOOD EXPOSURES

What was the food exposure? (Select all that apply)

Fish (specify):_____

Other (e.g., supplements) (specify):_____

Shellfish (specify):_____

Unknown

Produce (specify):_____

[If fish/shellfish] Was it commercially or non-commercially harvested?

Non-commercially (self-harvested)

Commercially (consumed in a regulated setting, e.g., restaurant)

Unknown

WATER AND OTHER EXPOSURES

[If Water or Other] How did the exposure occur?

Direct contact with skin or eyes (e.g., swimming)

Yes No Unknown

Ingestion (e.g., drinking from waterbody)

Yes No Unknown

Aerosol inhalation (e.g., watersports, walking near the shore)

Yes No Unknown

HEALTH INDICATORS

At the time of exposure did the person have any of the following health indicators?

Is this person considered immunocompromised?

Yes No Unknown

Chronic respiratory disease (e.g. asthma, COPD)

Yes No Unknown

Chronic skin disease (e.g. psoriasis, eczema)

Yes No Unknown

Chronic gastrointestinal disease (e.g. Crohn's disease)

Yes No Unknown

Other chronic disease? _____

Was the person pregnant at the time of exposure?

Yes No Unknown

DIFFERENTIAL DIAGNOSIS AND CLINICAL TESTING

At the time of exposure, was the person taking medication that increased skin sensitivity to the sun (e.g., acne treatment, antibiotics)?

Yes No Unknown

At the time of exposure, did the person have an open wound, sores, or broken skin?

Yes No Unknown

Were other causes of illnesses investigated and ruled out?

Yes No Unknown

HUMAN LABORATORY TESTING

Were clinical specimens tested?

Yes No Unknown

[If yes] What type(s) of clinical testing were done to diagnose the illness or rule out other causes? (Select all that apply)

Bloodwork

Imaging (e.g., x-ray, ultrasound, etc.)

Fecal analysis

None

Toxicological Analysis

Other (specify) _____

Urinalysis

Unknown

HUMAN TESTING RESULTS

In the below table, please report any laboratory results of clinical specimens that were tested for algal/cyanobacterial toxins or species—more extensive results may be attached to this report)

Clinical Specimen Number	1	2	3
Result Detected?			
Sample Collection Date (MM/DD/YYYY)			
Specimen Type (e.g., blood)			
Classification (e.g., Cyanobacteria)			
Genus or toxin (e.g., <i>Microcystis</i>)			
Species (e.g., <i>aeruginosa</i>)			
Concentration (e.g., 20)			
Unit (e.g., ppm)			
Test type (e.g., ELISA)			

HUMAN TESTING RESULTS REMARKS (Remarks should NOT include PII, CCI, other identifiers, webpage links, or additional location information.

Remarks should ONLY include information about the sample, test results, if whole blood what color tube top, or other relevant laboratory information.): _____

GENERAL REMARKS (Remarks should NOT include any PII, CCI, other identifiers, webpage links, or lab/sample/testing information. Remarks should only include relevant information not captured in the form.): _____