



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	DATE CREATED
_____	_____	_____	_____

GENERAL INFORMATION

Dates (MM/DD/YYYY)

Date bloom was first observed _____

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

Date Remarks

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)

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Aquaculture	<input type="checkbox"/> Industrial/Occupational
<input type="checkbox"/> Public drinking water system	<input type="checkbox"/> Raw/Non-potable water use (e.g., lawn care)	<input type="checkbox"/> Recreation
<input type="checkbox"/> Other (describe in Remarks)	<input type="checkbox"/> None	<input type="checkbox"/> 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
Classification (e.g., Cyanobacteria, Toxin)					
Genus or toxin (e.g., <i>Microcystis</i>)					
Species (e.g., <i>aeruginosa</i>)					
Sub-species (e.g., f. <i>scripta</i>)					
Detected in? (e.g., Water, Food)					
Sample description (e.g., lake water sample)					
Concentration (e.g., 20)					
Unit (e.g., ppm)					
Test type (e.g., ELISA)					
Sample collection date (MM/DD/YYYY)					
Sample collection time (##:##)	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Laboratory Testing Remarks



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:** _____

Agency Contact Email: _____