


One Health Case Investigation Form for Animals with SARS-CoV-2 Infection Preview

Form Approved
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One Health Case Investigation Form

One Health Case Investigation Form – Animals with SARS-CoV-2 infection

Purpose of the One Health Investigation Form

This form was created as a One Health tool to conduct an epidemiological investigation of companion animal(s) that are presumptive or confirmed positive for SARS-CoV-2. The form was developed for use in residential and shelter settings but may be adaptable for use in other contexts, as appropriate.

The form is structured in sections that may help the investigator assess how quickly notification and reporting procedures occur (“Notification”), living conditions and presentation of the companion animal case (“Demographics”, “Animal Health”, “Laboratory Diagnostics”, and “Housing”), exposures that may help understand how the animal became infected with SARS-CoV-2 (“Animal Exposure History”), and risks the animal may pose of onward transmission of SARS-CoV-2 (“Risk of Transmission”). Ideally, all sections of the form will be completed during an epidemiological investigation. However, if limitations prevent an exhaustive investigation the most critical fields for understanding case presentation, exposure history, and risk of onward transmission have been identified.

The Useful Resources section of this document provides key resources that may be needed during an investigation, including guidance on when to test an animal for SARS-CoV-2, talking points, and recommendations for ending monitoring, isolation, and movement restrictions.

Supplemental pages have been provided to report additional information for some questions, as needed (applies to questions 14, 19, 21, 24, 25, 29, and 30).

One form should be completed per animal. If there is more than one animal within a single household with presumptive or confirmed SARS-CoV-2, please fill out the case investigation form for the index animal and the Supplemental Animal Form for all other animals in the household.

Human investigation forms are not included in this document. If there are people within the residence that are positive for COVID-19 or are otherwise epidemiologically linked to an animal with SARS-CoV-2, an appropriate human investigation form developed by a local, state, or federal public health entity should be completed and appended to animal case investigations.

Investigation guidance will continue to be updated based on the most recent scientific information.

Timeout Warning

Please complete the form below. Please print the form by pressing Ctrl + P, prepare your resources before starting, and then complete it all at once without leaving the page for review.

One Health Case Investigation Form – Animals with SARS-CoV-2 infection

Timeout Warning

Please complete the form below. Please print the form by pressing Ctrl + P, prepare your answers before starting, and then complete it all at once without leaving the page for more than 15 minutes. **Beware that the system will time out after 15 minutes of inactivity when you are in another application such as Excel or email, causing you to lose your work.**

If you wish to edit previously entered data, visit object explorer at: <https://protect.hhs.gov/workspace/hubble> and search for OHWG

* Indicates Required Field

Submitter Name

TAYLOR MOORE

Is animal outside of the USA?

Yes

* State

Select an option...

County

Select an option...

* Investigator First Name

* Investigator Last Name

* Agency/Department

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Show all reported animals in jurisdiction?

Yes

* CDC Animal ID

Example:

GA_1_2020 – first animal in state

GA_2_2020 – second animal in the state

GA_2_2020_b – third animal in the state, but in the same household as second animal in the state

GA_3_2020 – fourth animal in the state

* Was this animal detected through an active surveillance activity (e.g., household transmission study, shelter investigation, seroprevalence study, banked samples)?

Yes No Unknown

State Animal ID

⌵ Preliminary Screening Questions

By providing answers to the questions below, a determination on the level of detail requested by this form will be made. Please respond to all three questions prior to proceeding.

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✓ Preliminary Screening Questions

By providing answers to the questions below, a determination on the level of detail requested by this form will be made. Please respond to all three questions prior to proceeding.

To the best of your knowledge, is the animal being submitted in the form the first of its species to be positive for SARS-CoV-2 in your state (or nationally)?

Yes No

Has the animal become severely ill, died or been euthanized?

Yes No

Have people in contact with the animal developed symptoms of illness **after** the animal developed clinical signs or was diagnosed with SARS-CoV-2?

Yes No

✓ **Thank You.**

Based on your selections to the preliminary screening questions, this animal has a novel circumstance where it would be important to complete the full version of the One Health Case Investigation Form. Please provide as much information as possible.

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Notification

Notification and reporting procedures

1. Date that State was Notified of Case	2. Investigation Start Date
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>
3. Date State/Local Health Officials Contacted Attending Veterinarian	4. Date State/Local Health Officials Contacted Animal Owner/Caretaker
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>

(as applicable)

5. Animal was reported to you by 

Please choose from the list above.

Additional information on how reporting occurred

6. Reason for Report

Sick animal (suspect case) Test-positive animal (presumptive or confirmed case)

Suspected or confirmed human COVID-19 case that has close contact with animals

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 Demographics

8. Residence type

- Free-standing Home
- Apartment/Condo
- Animal Shelter
- Group Home/Communal Residence
- Other

If other, please specify above.

9. Number of people inhabiting or working at the residence

If applicable

10a. Animal name or ID

* 10b. Sex

* 10c. Age (years)

Age Unknown

Check this box if age is unknown

* 11a. Animal Species

If "other" please fill in above.

* 11b. Breed/Description

If Breed/Description is unknown, please enter "Unknown"

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 **Animal Health**

* 12. Current animal health status


Select an option... ▼

* 13. Clinical signs ever reported?

Yes No Unknown

14. Other current health conditions:

Yes No Unknown

 **Laboratory Diagnostics**

15. Other diagnostic testing to rule out more common medical conditions

Testing conducted; no other health issues discovered
 Testing conducted; health issues discovered (specify)
 Testing NOT conducted

* 16. Diagnostic testing for SARS-CoV-2

Yes No

Presumptive Test

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Presumptive Test

*Report diagnostic assay used.

†Results report result for positives, also give CT value and titer.

Do you have Presumptive testing information to enter?

Yes No

Name of laboratory where testing was conducted

Collection Date

Test Date

Sample Type

Nasal Swab Oral Swab Rectal Swab Fecal Sample
 Blood Sample Other 1 Other 2 Unknown

Nasal Test Conducted (report diagnostic assay used)

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Nasal Test Conducted (report diagnostic assay used)

RT-PCR x Sequencing x Virus Isolation x x

Select value or enter free text

Nasal Swab RT-PCR Result

Select an option...

Nasal Swab Sequencing Result

Select an option...

Nasal Swab Virus Isolation Result

Select an option...

Confirmed Test

*Report diagnostic assay used.

†Results report result for positives, also give CT value and titer.

Do you have confirmed testing information to enter?

Yes No

Name of laboratory where testing was conducted

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One Health Case Investigation Form – Animals with SARS-CoV-2 infection

Name of laboratory where testing was conducted

Collection Date

Test Date

Sample Type

Nasal Swab Oral Swab Rectal Swab Fecal Sample

Blood Sample Other 1 Other 2 Unknown

Nasal Test Conducted (report diagnostic assay used)

Select value or enter free text

Nasal Swab RT-PCR Result

Nasal Swab Sequencing Result

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Nasal Swab Virus Isolation

Select an option...

Housing

17. Living Arrangement

Select an option...

* 18. Other animals living in the residence (select all that apply):

Search...

If "other" please fill in above

Animal Exposure

Exposures that may help understand how the animal became infected with SARS-CoV-2.

19: Animal location history 14 days **before** animal's clinical signs, or, if no clinical signs, test-positive date:

e.g. animal shelters, boarding, daycare, other homes, dog parks, veterinary facilities, therapy dog visits, domestic / international travel

Please select the number of locations you would like to submit (up to 8)

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19: Animal location history 14 days **before** animal's clinical signs, or, if no clinical signs, test-positive date:

e.g. animal shelters, boarding, daycare, other homes, dog parks, veterinary facilities, therapy dog visits, domestic / international travel

Please select the number of locations you would like to submit (up to 8)

0 1 2 3 4 5 6 7 8

Location 1

Animal location

Search...

If Other (specify) enter info in same field

Beginning Date

MM/DD/YYYY

End Date

MM/DD/YYYY

*If applicable

Notes on location

20. Number of fully vaccinated people in the household 14 days before animal's clinical signs, or, if no clinical signs, test-positive date.

Note: People are considered fully vaccinated two weeks after the last recommended dose of vaccine

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21. Number of partially vaccinated people in the household 14 days before animal's clinical signs, or, if no clinical signs, test-positive date.

Note: People are considered partially vaccinated if it has been less than two weeks since the last recommended dose of vaccine or they have not yet received all recommended doses

Additional information on vaccine type per person

* 22. Suspected or confirmed people with COVID-19 in the residence:

Yes No Unknown

Human interaction/caretaker interaction documentation

⌵ 23: Interactions between animal & human household members/caretakers with suspected or confirmed COVID-19:

Please select the number of humans you would like to submit (up to 8)

1 2 3 4 5 6 7 8


Please only count interaction with humans who either have a suspected or confirmed COVID-19 case.

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Please select the number of humans you would like to submit (up to 8)

1 2 3 4 5 6 7 8

Please only count interaction with humans who either have a suspected or confirmed COVID-19 case.

 Household member/Caretaker 1

Description of human household member

Select an option...

Interactions with Animal Case

- Taking Walks Petting / cuddling Licking face / hands
 Sharing food / utensils Cleaning litterbox Picking up animal waste
 Sleeping in same bed Grooming Providing medical care Other

Illness Onset

MM/DD/YYYY

Illness Resolution

MM/DD/YYYY

Test for COVID-19

- Viral RNA Antibody Pending Untested

Test Date

MM/DD/YYYY

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24. People in residence exposed to high-risk environments (e.g. nursing homes, large gatherings or services) in 14 days before animal's clinical signs, or if no clinical signs, test-positive date:

Yes No Unknown

Description

25. People in residence with high-risk occupations (e.g. healthcare practitioner, laboratorian doing COVID-19 testing, farm worker, food-processing plant worker):

Yes No Unknown

Occupation

26. Animal history of exposure to SARS-CoV-2 through people outside the residence in 14 days before animal's clinical signs, or if not clinical signs, test-positive date (e.g. groomer, friend, pet sitter):


Yes No Unknown

Please select the number of human exposures you would like to report (up to 4):

1 2 3 4


 Exposure 1

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 Exposure 1

Date of Exposure Location and Duration of Exposure

Description (e.g. nature of interaction)

 Exposure 4

27. Animal history of exposure to SARS-CoV-2 through other animals (inside or outside residence) in 14 days before animal's clinical signs, or if no clinical signs, test-positive date

Yes No Unknown

* 28. Other animals in the residence with clinical signs?

Yes No Unknown

Risk of Transmission

Risks the animal may pose of onward transmission of SARS-CoV-2

29. People with underlying medical conditions in the residence:

Yes No Unknown

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29. People with underlying medical conditions in the residence:

Yes No Unknown

If yes, check all that apply

- Older adults (>65 years) Chronic Kidney Disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system from solid organ transplant)
- Serious heart conditions (e.g. heart failure, coronary artery disease, or cardiomyopathies)
- Sickle cell disease Cancer Obesity (body mass index of 30 or higher)
- Type 2 diabetes mellitus Other

30. Have infection prevention measures been taken since clinically ill or test-positive animals were detected in residence?

Yes No Unknown

Infection prevention measures taken since clinically ill or test-positive animals in residence detected:

- Animal separated from other people and animals in residence
- Animal movement (walks, outings) restricted
- Masks worn around animal
- Cleaning / disinfection of toys, bedding, and spaces
- Other

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31. Close contact between animal case and people or other animals (inside or outside residence) in 14 days after animal developed clinical signs, or if no clinical signs, test-positive date:

Yes No Unknown

→ If yes

Select types of contacts

- Contact with People
 Contact with Animals

32. People (inside or outside residence) that have been in close contact with the diagnosed animal and have developed suspected or confirmed COVID-19/SARS-CoV-2 infection in 14 days after animal developed clinical signs, or if no clinical signs, test-positive date:

Yes No Unknown


Case IDs for humans in the residence with COVID-19/SARS-CoV-2 infection

Please enter case IDs separated by commas. If there is no case id available, please fill out a case investigation form for the human.

Contact with People


Please select the number of humans you would like to submit (up to 8)

1 2 3 4 5 6 7 8

 Household member/Caretaker 1

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 Household member/Caretaker 1

Person Description

Search...

Interactions with Animal Case

- Taking Walks Petting / cuddling Licking face / hands
 Sharing food / utensils Cleaning litterbox Picking up animal waste
 Sleeping in same bed Grooming Providing medical care Other

Illness Onset

MM/DD/YYYY

Illness Resolution

MM/DD/YYYY

Test for COVID-19

- Viral RNA Antibody Pending Untested

33. Animals (inside or outside residence) that have been in close contact with the diagnosed animal and have developed suspected or confirmed COVID-19/SARS-CoV-2 infection in 14 days after animal developed clinical signs, or if no clinical signs, test-positive date:

- Yes No Unknown

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Please select the number of animals you would like to submit (up to 8)

1 2 3 4 5 6 7 8

Attachments

Choose file... Browse

Animal ID	Name	Species	Sex
<input type="text"/>	<input type="text"/>	Select an option... ▼	Select an option... ▼

Deceased? Yes No

Description

Clinical Signs of Illness

Fever Coughing Difficulty breathing or shortness of breath; Sneezing

Lethargy Nasal discharge Ocular discharge Vomiting Diarrhea

Other

Interactions with Animal Case

Taking Walks Playing Sniffing Sharing food

Sharing bedding or toys Sharing sleep area Sharing litterbox

Grooming Fighting / aggression Other

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Interactions with Animal Case

- Taking Walks Playing Sniffing Sharing food
 Sharing bedding or toys Sharing sleep area Sharing litterbox
 Grooming Fighting / aggression Other

Onset

MM/DD/YYYY

Resolution

MM/DD/YYYY

Sample Collection Date:

MM/DD/YYYY

Sample Test Date:

MM/DD/YYYY

Confirmed (NSVL):

- Yes No

Viral RNA Test result

- Positive Negative

Antibody Test Result

- Positive Negative

Untested?

- Yes No

Case Status

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Yes No

Viral RNA Test result

Positive Negative

Antibody Test Result

Positive Negative

Untested?

Yes No

Case Status

Select an option... ▼

If you wish to edit previously entered data, visit object explorer at: <https://protect.hhs.gov/workspace/hubble> and search for OHWG

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Confirmation Status	OIE Report Date	USDA Report Date
Select an option... ▼	MM/DD/YYYY	MM/DD/YYYY

Submit