Form Approved OMB NO: 0920-xxxx Exp. Date: X/XX/XXXX

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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).

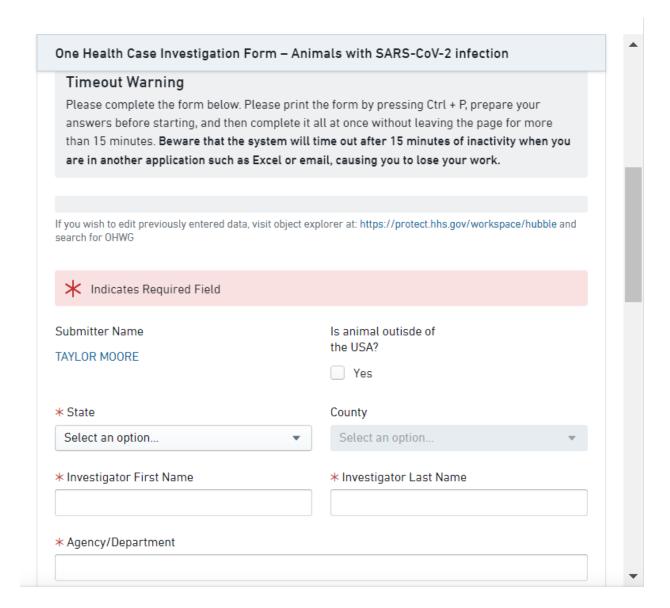
One form should be completed per animal. If there is more than one animal within a single household with presumptive or confirmed SARS-CoV-2, please fill out the case investigation form for the index animal and the Supplemental Animal Form for all other animals in the household.

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.

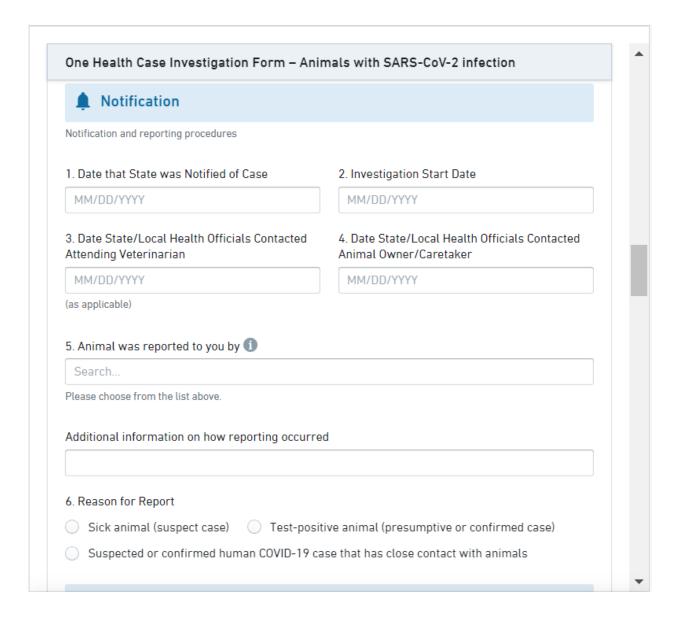
#### Timeout Warning

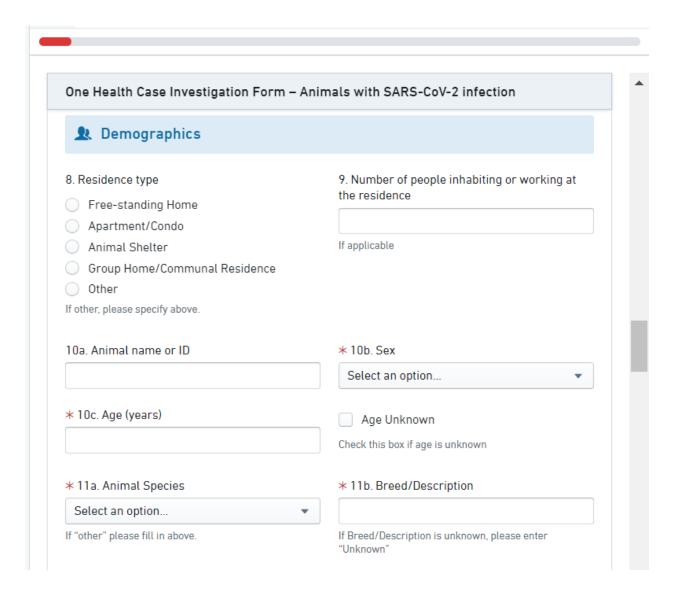
Please complete the form below. Please print the form by pressing Ctrl + P, prepare your 

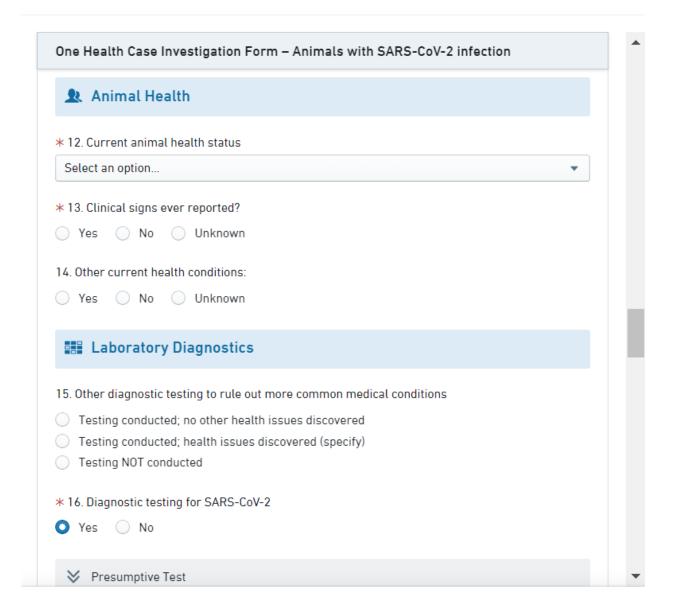


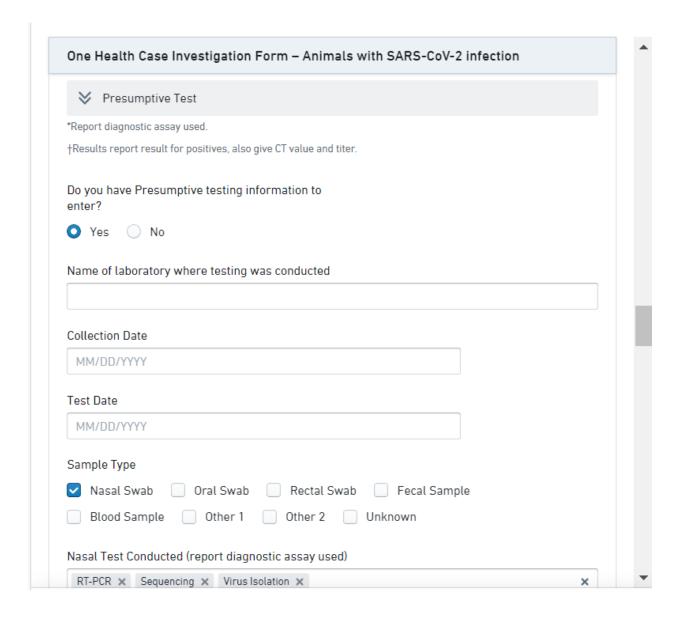
	alth Case Investigation Form – Animals with SARS-CoV-2 infection	
Show all animals	reported	
jurisdicti	•••	
Yes		
* CDC A	nimal ID	
Example:		
GA_1_202	0 – first animal in state	
GA_2_202	0 – second animal in the state	
GA_2_202	0_b – third animal in the state, but in the same household as second animal in the state	
GA_3_202	0 – fourth animal in the state	
	is animal detected through an active surveillance activity (e.g., household transmission	
	elter investigation, seroprevalence study, banked samples)?	
Yes	○ No ○ Unknown	
State An	imal ID	
State All	IIIIat ID	
≫ P	reliminary Screening Questions	
	providing answers to the questions below, a determination on the level of detail	
	quested by this form will be made. Please respond to all three questions prior to roceeding.	
DI	oceeding.	

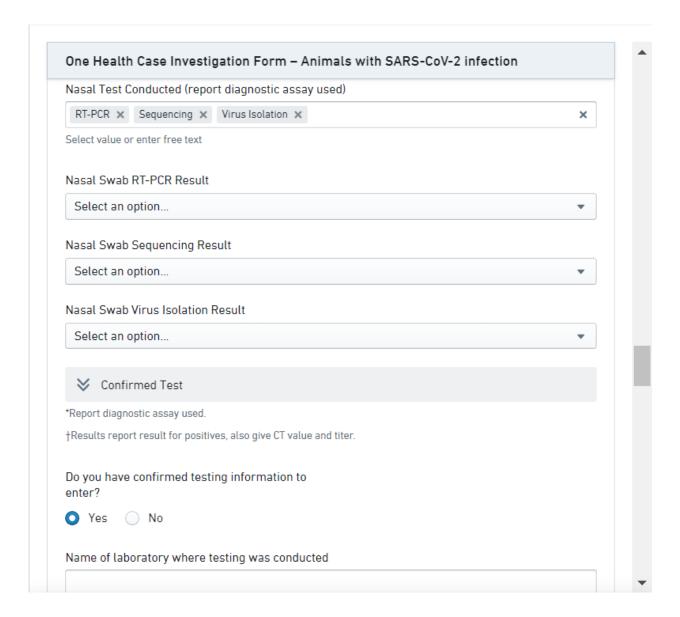
➢ Preliminary Screening Questions
By providing answers to the questions below, a determination on the level of detail requested by this form will be made. Please respond to all three questions prior to proceeding.
To the best of your knowledge, is the animal being submitted in the form the first of its 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 <b>after</b> the animal developed clinical signs or was diagnosed with SARS-CoV-2?
Yes No
✓ Thank You.
lased on your selections to the preliminary screening questions, this animal has a novel circumstance where it yould be important to complete the full version of the One Health Case Investigation Form. Please provide as m
route de important lo complete the full version of the one Health Case investigation Form. Please provide as m Iformation as possible.

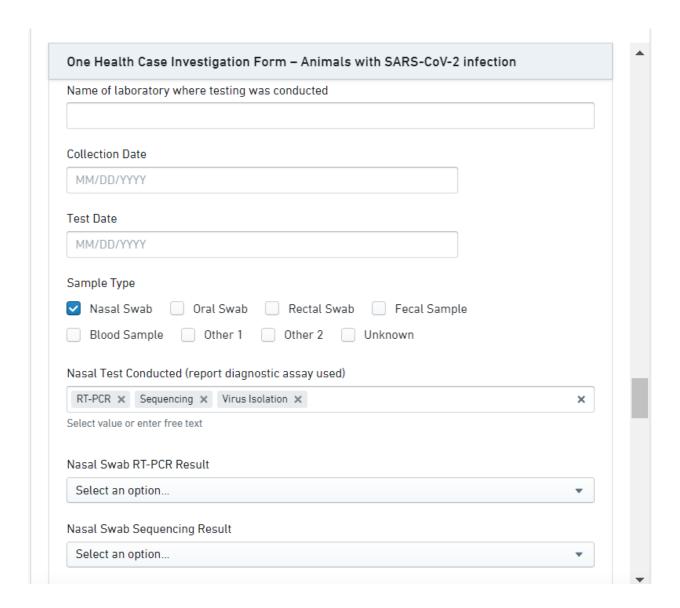


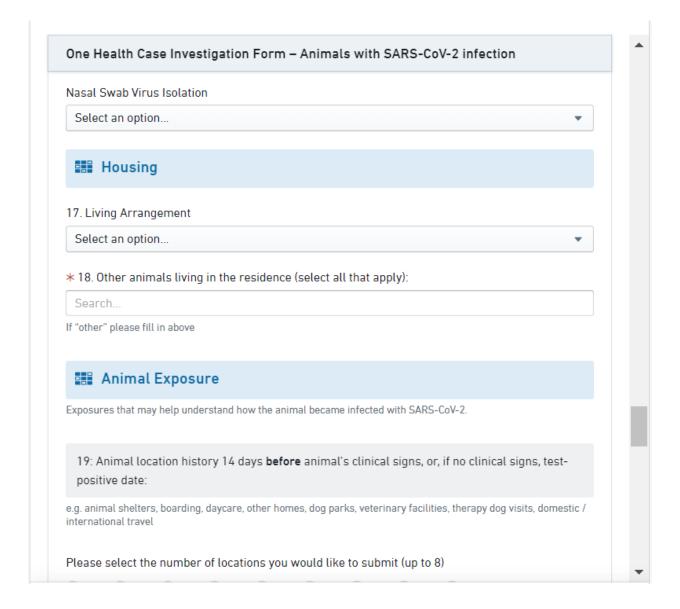






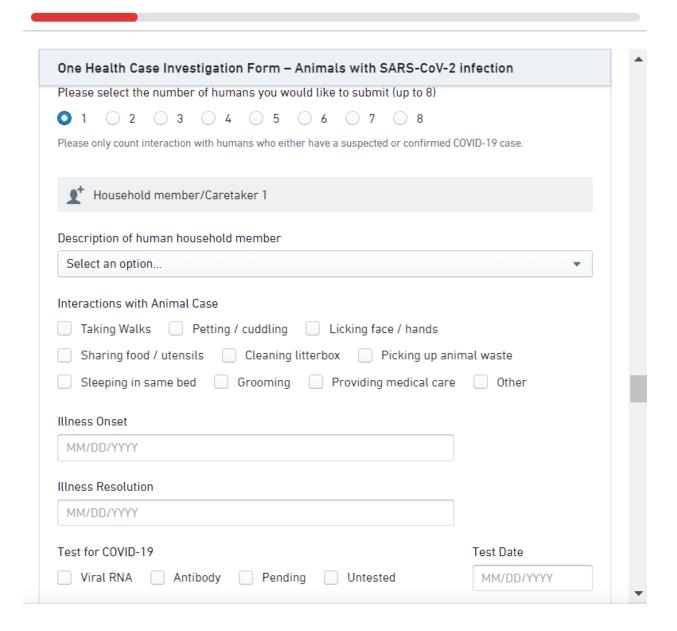




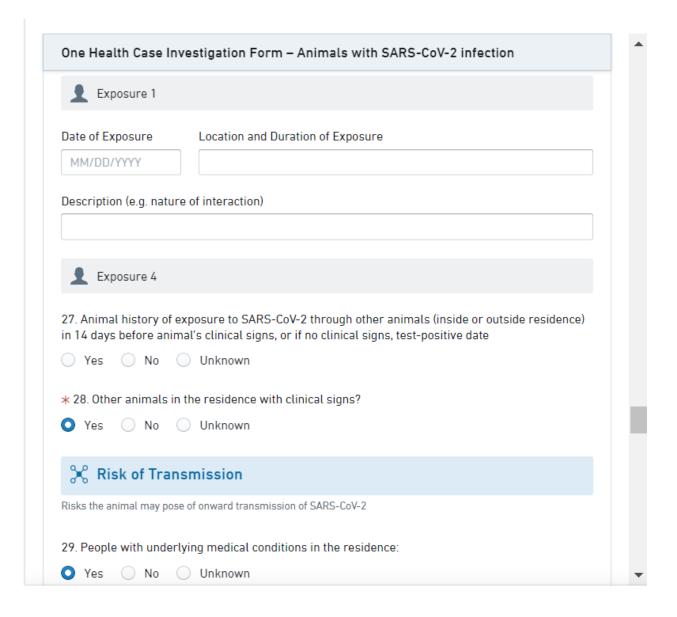


positive date:	re animal's clinical signs, or, it	f no clinical signs, test-
e.g. animal shelters, boarding, daycare, other hom international travel	nes, dog parks, veterinary facilities	, therapy dog visits, domestic /
Please select the number of locations you	would like to submit (up to 8)	
0 0 1 0 2 0 3 0 4	O 5 O 6 O 7	8
4		
▼ Location 1		
Animal location	Beginning Date	End Date
	MM/DD/YYYY	MM/DD/YYYY
Search		
		*If applicable
If Other (specify) enter info in same field  Notes on location		*If applicable
If Other (specify) enter info in same field		*If applicable
If Other (specify) enter info in same field		*If applicable
If Other (specify) enter info in same field	ne household 14 days before a	

or, if no clinical signs, test	ccinated people in the household 14 days before animal's clinical signs, -positive date.
	artially vaccinated if it has been less than two weeks since the last recommended of yet received all recommended doses
additional information on	vaccine type per person
22 Supported or confirm	mod poople with COVID-19 in the recidence:
Yes No	med people with COVID-19 in the residence: Unknown ker interaction documentation
Yes No	Unknown
Yes No Human interaction/careta	Unknown  ker interaction documentation  Browse  ween animal & human household members/caretakers with suspected
Yes No Oluman interaction/careta Choose file  23: Interactions bet or confirmed COVID	Unknown  ker interaction documentation  Browse  ween animal & human household members/caretakers with suspected



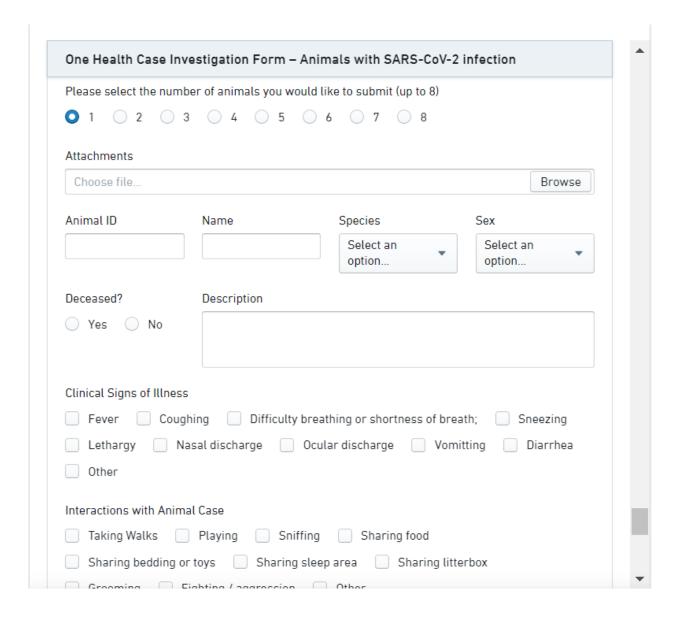
One Health Case Investigation Form – Animals with SARS-CoV-2 infection
24. People in residence exposed to high-risk environments (e.g. nursing homes, large gatherings or services) in 14 days before animal's clinical signs, or if no clinical signs, test-positive date:  Yes No Unknown
Description
25. People 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 expsoures you would like to report (up to 4):  1 2 3 4



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 cardiomyopathie	es)
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 animla detected in residence?	is were
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	

One Health Case In	vestigation Form – Animals with SARS-CoV-2 infection
	een animal case and people or other animals (inside or outside residence) ir eveloped clinical signs, or if no clinical signs, test-positive date:  Unknown
→ If yes	Select types of contacts  Contact with People Contact with Animals
and have developed s	utside residence) that have been in close contact with the diagnosed animal uspected or confirmed COVID-19/SARS-CoV-2 infection in 14 days after
Yes No	cal signs, or if no clinical signs, test-positive date:  Unknown  the residence with COVID-19/SARS-CoV-2 infection
Yes No Case Ids for humans in	Unknown
Yes No Case Ids for humans in	Unknown  the residence with COVID-19/SARS-CoV-2 infection
Yes No  Case Ids for humans in  Please enter case IDs sepfor the human.  Contact with People  Please select the num	Unknown  the residence with COVID-19/SARS-CoV-2 infection

One Health Case Investigation Form – Animals with SARS-CoV-2 infection
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
viratitive Antibody I ending Ontested
33. Animals (inside or outside residence) that have been in close contact with the diagnosed anima 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



Interactions with Animal Case	
Taking Walks Playing	Sniffing Sharing food
Sharing bedding or toys Shar	ring sleep area 🔲 Sharing litterbox
Grooming Fighting / aggress	ion Other
Onset	Resolution
MM/DD/YYYY	MM/DD/YYYY
Sample Collection Date:	Sample Test Date:
MM/DD/YYYY	MM/DD/YYYY
Yes No  Viral RNA Test result  Positive Negative	
Antibody Test Result	
Positive Negative	
Untested?	

