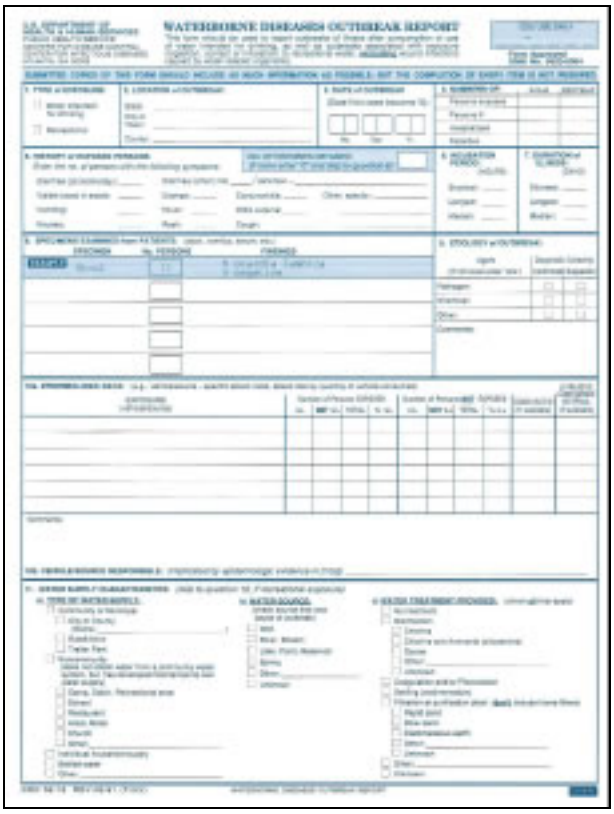

This document is provided by the U.S. Centers for Disease Control and Prevention (CDC) ONLY as an historical reference for the public health community. It is no longer being maintained and the data it contains may no longer be current and/or accurate. The CDC Healthy Water website is the most current source of information on safe water, waterborne diseases, best practices and all other water-related information. It should be consulted first at: http://www.cdc.gov/healthywater/

Persons with disabilities experiencing problems accessing this document should contact CDC-INFO at CDC-INFO@cdc.gov, 800-232-4636 or the TTY number at (888) 232-6348 and ask for a 508 Accommodation PR#9342. If emailing please type "508 Accommodation PR#9342" without quotes in the subject line of the email.

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
CENTER FOR INFECTIOUS DISEASES
ATLANTA, GA 30333

WATERBORNE DISEASES OUTBREAK REPORT

This form should be used to report outbreaks of illness after consumption or use of water intended for drinking, as well as outbreaks associated with exposure (ingestion, contact or inhalation) to recreational water, **excluding** wound infections caused by water-related organisms.

CDC USE ONLY
–
_____

Form Approved
OMB No. 0920-0004

SUBMITTED COPIES OF THIS FORM SHOULD INCLUDE AS MUCH INFORMATION AS POSSIBLE; BUT THE COMPLETION OF EVERY ITEM IS NOT REQUIRED.

1. TYPE of EXPOSURE:
- ☐ Water intended for drinking
- ☐ Recreational

2. LOCATION of OUTBREAK:
State: _____
City or Town: _____
County: _____

3. DATE of OUTBREAK
(Date first case became ill):
Mo. ☐☐ Day ☐☐ Yr. ☐☐

4. NUMBERS OF:

	Actual	Estimated
Persons exposed		
Persons ill		
Hospitalized		
Fatalities		

5. HISTORY of EXPOSED PERSONS
Enter the no. of persons with the following symptoms:

NO. OF HISTORIES OBTAINED: ☐
(if none enter "0" and skip to question 6)

Diarrhea (≥3 stools/day): _____ Diarrhea (other): No. _____ / definition – _____
Visible blood in stools: _____ Cramps: _____ Conjunctivitis: _____ Other, specify: _____
Vomiting: _____ Fever: _____ Otitis externa: _____
Nausea: _____ Rash: _____ Cough: _____

6. INCUBATION PERIOD: (HOURS)
Shortest: _____
Longest: _____
Median: _____

7. DURATION of ILLNESS: (DAYS)
Shortest: _____
Longest: _____
Median: _____

8. SPECIMENS EXAMINED from PATIENTS: (stool, vomitus, serum, etc.)

SPECIMEN	No. PERSONS	FINDINGS
EXAMPLE Stool	11	8 *Giardia lamblia* 3 negative

9. ETIOLOGY of OUTBREAK:

Agent (If not known enter "Unk.")	Diagnostic Certainty: Confirmed	Suspected
Pathogen:	☐	☐
Chemical:	☐	☐
Other:	☐	☐

Comments:

10a. EPIDEMIOLOGIC DATA: (e.g., vehicle/source - specific attack rates; attack rate by quantity of vehicle consumed)

EXPOSURE (vehicle/source)	Number of Persons EXPOSED: ILL	NOT ILL	TOTAL	% ILL	Number of Persons NOT EXPOSED: ILL	NOT ILL	TOTAL	% ILL	ODDS RATIO (If available)	p VALUE or CONFIDENCE INTERVAL (If available)

Comments:

10b. VEHICLE/SOURCE RESPONSIBLE: *(implicated by epidemiologic evidence in [10a])* _____

11. WATER SUPPLY CHARACTERISTICS *(skip to question 12, if recreational exposure)*

a) TYPE OF WATER SUPPLY:
- ☐ Community or Municipal
  - ☐ City or County (Name: _____)
  - ☐ Subdivision
  - ☐ Trailer Park
- ☐ Noncommunity (does not obtain water from a community water system, but has developed/maintained its own water supply)
  - ☐ Camp, Cabin, Recreational area
  - ☐ School
  - ☐ Restaurant
  - ☐ Hotel, Motel
  - ☐ Church
  - ☐ Other: _____
- ☐ Individual household supply
- ☐ Bottled water
- ☐ Other: _____

b) WATER SOURCE: (check source that was cause of outbreak)
- ☐ Well
- ☐ River, Stream
- ☐ Lake, Pond, Reservoir
- ☐ Spring
- ☐ Other: _____
- ☐ Unknown

c) WATER TREATMENT PROVIDED: (check **all** that apply)
- ☐ No treatment
- ☐ Disinfection
  - ☐ Chlorine
  - ☐ Chlorine and Ammonia (chloramine)
  - ☐ Ozone
  - ☐ Other: _____
  - ☐ Unknown
- ☐ Coagulation and/or Flocculation
- ☐ Settling (sedimentation)
- ☐ Filtration at purification plant (**don't** include home filters)
  - ☐ Rapid sand
  - ☐ Slow sand
  - ☐ Diatomaceous earth
  - ☐ Other: _____
  - ☐ Unknown
- ☐ Other: _____
- ☐ Unknown

IF RECREATIONAL EXPOSURE, PROCEED TO QUESTION (12) AND THEN (13d), OTHERWISE PROCEED TO (13a).

12. RECREATIONAL EXPOSURE:

a) Route of Entry:

☐ Intentional ingestion ☐ Contact
☐ Accidental ingestion ☐ Inhalation

b) Type of Exposure:

☐ Swimming pool ☐ Hot Tub
☐ Lake, Pond ☐ Whirlpool
☐ River, Stream ☐ Other:

Describe the setting: (e.g., health spa, rafting trip, etc.)

13. FACTORS CONTRIBUTING TO WATER CONTAMINATION: (check **all** that apply)

a) AT SOURCE:

☐ Overflow of sewage
☐ Flooding, heavy rains
☐ Underground seepage of sewage
☐ Use of a back-up source of water by a water utility
☐ Improper construction or location of well or spring
☐ Contamination through creviced limestone or fissured rock
☐ Other: _____
☐ Unknown

b) AT TREATMENT PLANT:

☐ No disinfection
☐ Temporary interruption of disinfection
☐ Chronically inadequate disinfection
☐ No filtration
☐ Inadequate filtration
☐ Deficiencies in other treatment processes
☐ Other: _____
☐ Unknown

c) IN DISTRIBUTION SYSTEM:

☐ Cross connection
☐ Back siphonage
☐ Contamination of mains during construction or repair
☐ Contamination of storage facility
☐ Other: _____
☐ Unknown

d) OTHER REASONS FOR CONTAMINATION OF WATER: (include recreational exposures here)

14. WATER SPECIMENS EXAMINED: (provide information for routine samples collected **before** and **during** the outbreak investigation as well as for any special lab studies)

☐ NONE TESTED

ITEM	DATE	LABORATORY RESULTS: MICROBIOLOGY	DISINFECTANT RESIDUAL	TURBIDITY
EXAMPLES Tap Water	10/11/91	No coliforms	0.5 mg/L	0.1 NTU
Untreated Raw Water	11/02/91	23 fecal coliforms	Not Done	10.0 NTU
Tap Water	11/12/91	*Giardia*; 10 total coliforms per 100 ml	0	2.0 NTU

15. REMARKS: Briefly describe the unusual aspects of the outbreak and/or the outbreak investigation not covered above. Attach epidemic curve and summary report, if available.

Name of reporting agency:

Person completing form: (please print)

NAME: _____ TELEPHONE NO: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___
(area code)

TITLE: _____ DATE OF REPORT: ___ ___ / ___ ___ / ___ ___
MO. DAY YR.

Date investigation initiated:

___ ___ / ___ ___ / ___ ___
MO. DAY YR.

Note: Epidemic and laboratory assistance for the investigation of a waterborne outbreak is available upon request by the State Health Department to the Centers for Disease Control. To improve national surveillance of outbreaks of waterborne diseases, please send a copy of this report, your internal report, and the questionnaire used in the epidemiologic investigation (if available) to:

Centers for Disease Control
Parasitic Diseases Branch
Attention: Waterborne Disease Coordinator
1600 Clifton Rd., NE, Mailstop F13
Atlanta, GA 30333