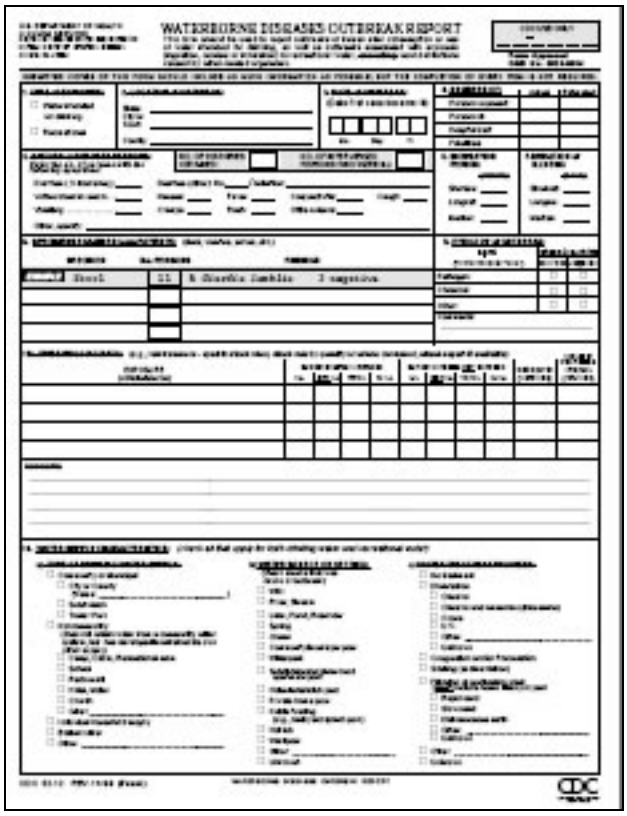

This document is provided by the U.S. Centers for Disease Control and Prevention (CDC) ONLY as an historical reference for the public health community. It is no longer being maintained and the data it contains may no longer be current and/or accurate. The CDC Healthy Water website is the most current 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
Centers for Disease Control and Prevention
National 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: ____

NO. OF INTERVIEWED PERSONS WHO WERE ILL: ____

Diarrhea (3 stools/day): _____ Diarrhea (other): No. _____ / definition: _____

Visible blood in stools: . . _____ Nausea: _____ Fever: _____ Conjunctivitis: _____ Cough: _____

Vomiting: . . . . . _____ Cramps: _____ Rash: _____ Otitis externa: _____

Other, specify: _____

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, **attach report if available**)

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:

11. WATER SUPPLY CHARACTERISTICS: *(check all that apply for both drinking water and recreational water)*

a) TYPE OF DRINKING 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 OR SETTING: (check source that was cause of outbreak)

- ☐ Well
- ☐ River, Stream
- ☐ Lake, Pond, Reservoir
- ☐ Spring
- ☐ Ocean
- ☐ Community/municipal pool
- ☐ Waterpark
- ☐ Subdivision/neighborhood apartment pool
- ☐ Hotel/motel/club pool
- ☐ Private home pool
- ☐ Kiddie/wading (e.g., backyard splash pool)
- ☐ Hot tub
- ☐ Whirlpool
- ☐ Other: _____
- ☐ Unknown

c) WATER TREATMENT PROVIDED:

- ☐ No treatment
- ☐ Disinfection
  - ☐ Chlorine
  - ☐ Chlorine and Ammonia (chloramine)
  - ☐ Ozone
  - ☐ U.V.
  - ☐ Other: _____
  - ☐ Unknown
- ☐ Coagulation and/or Flocculation
- ☐ Settling (sedimentation)
- ☐ Filtration at purification plant (**don't** include home filters) or pool
  - ☐ Rapid sand
  - ☐ Slow sand
  - ☐ Diatomaceous earth
  - ☐ Other: _____
  - ☐ Unknown
- ☐ Other: _____
- ☐ Unknown

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

12. FACTORS CONTRIBUTING TO DRINKING 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
- ☐ Unknown
- ☐ Other: _____

b) AT TREATMENT PLANT:

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

c) IN DISTRIBUTION SYSTEM:

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

d) OTHER REASONS FOR CONTAMINATION OF WATER:

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

a) FRESH OR MARINE WATER (e.g. lakes, rivers, oceans):

- ☐ Excessive bather density/load
- ☐ Fecal accident by bather(s)
- ☐ Overflow or release of sewage
- ☐ Flooding, heavy rains
- ☐ Unprotected watershed
- ☐ Agricultural/animal production in watershed
- ☐ Increased water temperature
- ☐ Stagnant water
- ☐ Open access to wild animal population
- ☐ Unknown
- ☐ Other: _____

b) FILTERED AND/OR DISINFECTED SWIMMING VENUES (e.g. swimming pools, water parks, hot tubs, whirlpools):

- ☐ Excessive bather density/load
- ☐ Fecal accident by bather(s)
- ☐ No disinfection
- ☐ Inadequate disinfection
- ☐ Poor monitoring of disinfection levels
- ☐ Cross contamination (specify _____)
- ☐ Combined adult/child pool filteration systems
- ☐ No filtration
- ☐ Inadequate filtration
- ☐ Unknown
- ☐ Other: _____

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	LABORATORY RESULTS: DISINFECTANT RESIDUAL	LABORATORY RESULTS: TURBIDITY
EXAMPLES Tap Water	10/11/99	No coliforms	0.5 mg/L	0.1 NTU
Untreated Raw Water	11/02/99	23 fecal coliforms	Not Done	10.0 NTU
Tap Water	11/12/99	*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: _____

TITLE: _____

TEL. NO: (_____) ___ ___ - ___ ___ ___ ___
(area code)

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 and Prevention. 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 and Prevention
Division of Parasitic Diseases
Attention: Waterborne Disease Coordinator
4770 Buford Highway, NE, Mailstop F22
Atlanta, GA 30341-3724