

This document is provided by the U.S. Centers for Disease Control and Prevention (CDC) ONLY as an historical reference for the public health community.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 <u>CDC Healthy Water</u> 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: <u>http://www.cdc.gov/healthywater/</u>

Persons with disabilities experiencing problems accessing this document should contact CDC-INFO at <u>CDC-INFO@cdc.gov</u>, 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 and Prevention			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								-	CDC USE ONLY				
National Center for Atlanta, GA 30333		ses (ir Ca	used by water-	t or inhalation) related organis	to recrea ms.	tional wa	iter, <u>exc</u>	luding	wound i	nfection	S			o. 092	ed 0-0004	
SUBMITTED	COPIES OF T	THIS FORM SHO	OULD INCLUDE	AS MUCH INF	ORMATIO	N AS PO	SSIBLE	; BUT 1	THE COI	MPLETIC	N OF E	VERY I	TEM IS	NOT	REQUIRED	
			ION of OUTBREAK:				3. DATE of OUTBREAK: (Date first case became ill):				4. NUMBERS OF: Persons exposed:		A	ctual	Estimated	
Water intended State: for drinking City or		City or									Persons ill:		1			
Recreat	tional	Town:								H	ospitalize	ed:	4			
		County:				M	io.	Day	Yr.	Fa	atalities:					
	of EXPOSED F o. of persons ymptoms:		NO. OF HISTO OBTAINED:	RIES		OF INTE RSONS W	A DECOMPANY AND A	TRANSPORT NO.			ERIOD:			URATI		
Diarrhea (	3 stools/day):	Dia	urrhea (other): No	/definiti	on		_		en la c	Sh	nortest:		S	hortest		
Visible blo	od in stools:	Cra	amps:	Conjunctivitis	ü	Other,	specify:			Lo	ngest:		L	ongest:		
Vomiting:		Fev	ver:	Otitis externa		-					edian:			edian:		
Nausea:		Ra	sh:	Cough:				10.000		-		. Contraction		44104028429444		
	SPECIMEN	from PATIENTS	S: (stool, vomitu SONS	s, serum, etc.) FIND	INGS					9. <u>E</u>	TIOLOG	Y of OU	TBRE/	<u>.K</u> :		
EXAMPLE	Stool	11	8	<i>Giardia</i> negative	lambl	blia				()					gnostic Certainty firmed Suspected	
			-	Lis worthout						Patho	Pathogen:					
	Lux same									Chemical:						
								1.00	Other	Other:						
		-							.55	Comn	ments:					
10a. EPIDEMI	IOLOGIC DAT	A: (e.g., vehicle EXPOSURE (vehicle/source)	//source - specific	attack rates; a	1	ber of Pers		1		r of Person NOT ILL	IS <u>NOT</u> EX TOTAL	POSED % ILL	ODDS (If avai	100000000000000000000000000000000000000	p VALUE or CONFIDENCE INTERVAL (If available)	
				مت المتلك التي التي	20 II II - 44							March 1997		All side as		
11. WATER S a) TYPE 	SUPPLY CHAR OF WATER S mmunity or Mu City or County (Name: Subdivision Trailer Park ncommunity oes not obtain rstem, but has ater supply)	ACTERISTICS: UPPLY: unicipal	tained its own	tion 12, if recr b) WATER (check s cause of out ) Well River	eational e SOURCE: ource that break) , Stream Pond, Res g	xposure was	)	[	lo treatm Disinfectio Chlorir Chlorir Chlorir Chlorir Constant Other: Unknow Coagulatii	on ne and An wn on and/o sedimenta at purifica sand and naceous o	mmonia r Floccul ation) ation plar	(chlorami	ine)			
11. WATER S a) TYPE 	SUPPLY CHAR OF WATER S mmunity or Mu City or County (Name: Subdivision Trailer Park ncommunity oes not obtain rstem, but has ater supply) Camp, Cabin, School Restaurant Hotel, Motel	RACTERISTICS: UPPLY: unicipal water from a con developed/main Recreational are	(skip to quest	tion 12, if recr b) WATER (check s cause of out ) Well River Lake, Sprin Other	eational e SOURCE: ource that break) , Stream Pond, Res g	xposure was			lo treatm Disinfection Chlorir Chlorir Chlorir Chlorir Concent Ozone Concent Unknow Concent Conco	ent on ne and Ar on and/o sedimenta at purifica sand and naceous o	mmonia r Floccul ation) ation plar	(chlorami	ine)			

IF RECREATIONAL EXPOSURE, PRO	OCEED TO QUESTI	ON (12) AND THEN (13d), OTHERWISE	PROCEED TO (13a).		Carl Walling			
12. <u>RECREATIONAL EXPOSURE</u> : a) Route of Entry:		b) Type of Exposure:		Describe the sett rafting trip, etc.)	ing: (e.g., health :	spa,		
Intentional ingestion Con Accidental ingestion Inha		Lake, Pond Whirlpool River, Stream Other:						
<ul> <li><b>AT SOURCE:</b> <ul> <li>Overflow of sewage</li> <li>Flooding, heavy rains</li> <li>Underground seepage of sewa</li> </ul> </li> </ul>	Use	ON: (check <u>all</u> that apply) of a back-up source of water by a water utili oper construction or location of well or sprin amination through creviced limestone or fiss	g Unknown					
b) AT TREATMENT PLANT: No disinfection Temporary interruption of disin Chronically inadequate disinfed		Itration equate filtration ciencies in other treatment processes	☐ Other: ☐ Unknown					
c) IN DISTRIBUTION SYSTEM:		amination of mains during construction or re amination of storage facility	epair Other: Unknown			_		
d) OTHER REASONS FOR CONT	AMINATION OF W	ATER: (include recreational exposures he	ere)					
14. WATER SPECIMENS EXAMINED:	provide information f	or routine samples collected <u>before</u> and <u>dur</u> ation as well as for any special lab studies)	ring					
NONE TESTED	E		LABORATORY RESULTS	3		0.10.W		
ITEM	DATE	MICROBIO	DLOGY	DISINFE	ECTANT TURBID	ITY		
EXAMPLES Tap Water	10/11/91	No coliforms		0.5		זידע		
		23 fecal coliforms		the second second second	Done 10.0 1	a ana		
Untreated Raw Water Tap Water	11/02/91	Giardia; 10 total col				Sher e		
		the outbreak and/or the outbreak investigation ve and summary report, if available.						
Name of reporting agency:		leting form: (please print)			Date investigation initiated:	n		
	TITLE:		TEL. NO: () DATE OF AEPORT: / MO,A	area code //				
upon request by the State Health De To improve national surveillance of	epartment to the Ce outbreaks of waterb	tigation of a waterborne outbreak is avail inters for Disease Control and Preventior porne diseases, please send a copy of thi in the epidemiologic investigation (if ava	lable Centers Division Attention S 4770 Bu	for Disease Contr of Parasitic Diseas n: Waterborne Disea Iford Highway, NE, GA 30341-3724	rol and Preventio es ase Coordinator	n		
data needed, and completing and reviewing the or OMB control number. Send comments regarding	ollection of information. A this burden estimate or a	rage 15 minutes per response, including the time for n agency may not conduct or sponsor, and a person is any other aspect of this collection of information, includ ndependence Ave., SW, Washington, DC 20201, - D WATERBORNE DISEASES OUTBREAK R	not required to respond to a collec ding suggestions for reducing this O NOT MAIL CASE REPORTS T	ction of information unless s burden to DHHS Report	s it displays a currently	valid		