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| 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: | | | | | | |
| AT SOURCE: Overflow of sewage Flooding, heavy rains Underground seepage of sewa | 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 | | |