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General

National Outbreak Reporting System

Waterborne Disease Transmission

This form is used to report waterborne disease outbreak investigations. This form has 6 parts, indicated by tabs at the top of each page. Part 1 asks for the minimum or basic information about the outbreak investigation. Part 2 asks for epidemiological data and clinical specimen test results. Parts 3, 4, 5 and 6 collect information about types of water exposure (treated recreational water, untreated recreational water, drinking water, and water not intended for drinking/unknown intent). Only 1 of these 4 water exposure parts should be completed for an outbreak investigation report.

CDC USE ONLY

CDC Report ID	State Report ID

Form Approved
OMB No. 0920-0004

General Section

Primary Mode of Transmission *(check one)*

- ☐ Food *(Complete CDC 52.13)*
- ☐ Water *(Complete tabs for General, Water-General and type of water exposure)*
- ☐ Animal contact *(Complete CDC 52.13)*
- ☐ Person-to-person *(Complete CDC 52.13)*
- ☐ Environmental contamination other than food/water *(Complete CDC 52.13)*
- ☐ Indeterminate/Other/Unknown *(Complete CDC 52.13)*

Investigation Methods *(check all that apply)*

- ☐ Interviews only of ill persons
- ☐ Case-control study
- ☐ Cohort study
- ☐ Food preparation review
- ☐ Water system assessment: Drinking water
- ☐ Water system assessment: Nonpotable water
- ☐ Treated or untreated recreational water venue assessment
- ☐ Investigation at factory/production/treatment plant
- ☐ Investigation at original source (e.g., farm, water source, etc.)
- ☐ Food product or bottled water traceback
- ☐ Environment/food/water sample testing
- ☐ Other

Comments

_____

Dates (mm/dd/yyyy)

Date first case became ill *(required)* _____ Date last case became ill _____

Date of initial exposure _____ Date of last exposure _____

Date of report to CDC (other than this form) _____

Date of notification to State/Territory or Local/Tribal Health Authorities _____

Geographic Location

Reporting state: _____

- ☐ Exposure occurred in multiple states
- ☐ Exposure occurred in a single state but cases resided in multiple states

Other states: _____

Reporting county: _____

- ☐ Exposure occurred in multiple counties in reporting state
- ☐ Exposure occurred in a single county but cases resided in multiple counties in reporting state

Other counties: _____

City/Town/Place of exposure: _____

Do not include proprietary or private facility names

Primary Cases

Click "Calculate Percentages" if you enter count data.

Number of primary cases		Sex *(number or percent of the primary cases)* Calculate Sex Percentages		
Lab-confirmed primary cases	#	Male	#	%
Probable primary cases	#	Female	#	%
Estimated total primary cases	#	Unknown	#	%

	# Cases	Total # of cases for whom info is available	Age *(number or percent of the primary cases)* Calculate Age Percentages					
Died	#	#	<1 year	#	%	20–49 years	#	%
Hospitalized	#	#	1–4 years	#	%	50–74 years	#	%
Visited Emergency Room	#	#	5–9 years	#	%	≥ 75 years	#	%
Visited health care provider (excluding ER visits)	#	#	10–19 years	#	%	Unknown	#	%

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General

Incubation Period, Duration of Illness, Signs or Symptoms for Primary Cases only

Incubation Period *(select appropriate units)*			Duration of Illness *(among recovered cases-select appropriate units)*		
Shortest		Min Hours Days	Shortest		Min Hours Days
Median		Min Hours Days	Median		Min Hours Days
Longest		Min Hours Days	Longest		Min Hours Days
Total # of cases for whom info is available			Total # of cases for whom info is available		

☐ Unknown incubation period ☐ Unknown duration of illness

Signs or Symptoms

Feature	# Cases with signs or symptoms	Total # cases for whom info available
Vomiting		
Diarrhea		
Bloody stools		
Fever		
Abdominal cramps		
HUS		
Asymptomatic		
*		
*		
*		

Secondary Cases

Mode of Secondary Transmission *(check one)*	Number of Secondary Cases	
☐ Food	Lab-confirmed secondary cases	#
☐ Water	Probable secondary cases	#
☐ Animal contact	Estimated total secondary cases	#
☐ Person-to-person	Estimated total cases (Primary + Secondary)	0 #
☐ Environmental contamination other than food/water		
☐ Indeterminate/Other/Unknown		

Environmental Health Specialists Network *(if applicable)*

EHS-Net Evaluation ID: 1.) _____ 2.) _____ 3.) _____

Traceback *(for food and bottled water only, not public water)*

☐ Please check if traceback conducted

Source name *(If publicly available)*	Source type *(e.g. poultry farm, tomato processing plant, bottled water factory)*	Location of source		Comments
		State	Country	

Recall

☐ Please check if any food or bottled water product was recalled

Type of item recalled:

Comments:

Reporting Agency

Agency name: _____ E-mail: _____

Contact name: _____ Contact title: _____

Phone no.: _____ Fax no.: _____

Remarks

Briefly describe important aspects of the outbreak not covered above. Please indicate if any adverse outcomes occurred in special populations (e.g., pregnant women, immunocompromised persons)

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Waterborne Disease and Outbreaks - General

Type of Water Exposure *(check ONE box)*

- ☐ Water intended for recreational purposes – treated venue (e.g., pool, spa/whirlpool/hot tub, spray pad)
- ☐ Water intended for recreational purposes – untreated venue (e.g., freshwater lake, hot spring, marine beach)
- ☐ Water intended for drinking (includes water used for bathing/showering)
- ☐ Water not intended for drinking or water of unknown intent (e.g., cooling/industrial, occupational, decorative/display)

Geographic Location

Percent of primary cases living in reporting state : _____%

Associated Events

Was exposure associated with a specific event or gathering?

☐ Yes ☐ No ☐ Unknown

If **Yes**, what type of event or gathering was involved?

*

If outbreak occurred during a defined event, dates of event:

Start date: _____ (mm/dd/yyyy) End date: _____ (mm/dd/yyyy)

Symptoms

For each category, indicate # of persons with:

- Gastrointestinal symptoms/ conditions _____
- Respiratory symptoms/ conditions _____
- Skin symptoms/conditions _____
- Ear symptoms/conditions _____
- Eye symptoms/conditions _____
- Neurologic symptoms/ conditions _____
- Wound infections _____
- Other, specify (e.g., hepatitis A, leptospirosis): _____

Route of Entry

- ☐ Ingestion
- ☐ Contact
- ☐ Inhalation
- ☐ Other, specify: _____
- ☐ Unknown

Epidemiologic Data

1. Estimated total number of persons with primary exposure: _____
2. Were data collected from comparison groups to estimate risk? ☐ Yes *(specify in table below)* ☐ No ☐ Unknown

   If ***No*** or ***Unknown***, was water the only common source shared by persons who were ill? ☐ Yes ☐ No ☐ Unknown

Exposure (Vehicle/Setting) *(e.g., pool—waterpark; hot spring; well water)*	Total # Exposed (A)	# Ill Exposed (B)	Total # Not Exposed	# Ill Not Exposed	Attack Rate (%) (B/A) Fill in (A) and (B).	Odds Ratio	Relative Risk	p-Value *(provide exact value)*	95% Confidence Interval
*									
*									
*									
*									
*									

Attack rate for residents of reporting state: _____ % **Attack rate for non-residents of reporting state:** _____ %

Clinical Specimens - Laboratory Results *(refer to the laboratory findings from the outbreak investigation)*

1. Were clinical diagnostic specimens taken from persons? ☐ Yes ☐ No *(go to next tab)* ☐ Unknown *(go to next tab)*

If ***Yes***, from how many persons were specimens taken? _____

Specimen Type*	Specimen Subtype**	Tested for § *(list all that apply)*

*** Specimen Type: 1- Autopsy Specimen (specify subtype), 2-Biopsy (specify), 3-Blood, 4-Bronchial Alveolar Lavage (BAL), 5-Cerebrospinal Fluid (CSF), 6-Conjunctiva/Eye Swab, 7-Ear Swab, 8-Endotracheal Aspirate, 9-Saliva, 10-Serum, 11-Skin Swab, 12-Sputum, 13-Stool, 14-Urine, 15-Vomitus, 16-Wound Swab, 17-Unknown**

**** Specimen Subtype: 1-Bladder, 2-Brain, 3-Dura, 4-Hair, 5-Intestine, 6-Kidney, 7-Liver, 8-Lung, 9-Nails, 10-Skin, 11-Stomach, 12-Wound, 13-Other, 14-Unknown**

§ Tested for: 1-Bacteria, 2-Chemicals/Toxins, 3-Fungi, 4-Parasites, 5-Viruses

Report the confirmed and/or suspected etiological agent(s) in the table below..

Clinical Specimen Row Number	Genus/ Chemical/ Toxin	Species	Serotype/ Serogroup/ Serovar	Genotype/ Subtype
1	*			
2	*			
3	*			
4	*			

Clinical Specimen Row Number	Confirmed as Etiology ?	Concentration *(numerical value)*	Unit	Specimen Type *	Specimen Subtype **
1	☐ Yes		*		
2	☐ Yes		*		
3	☐ Yes		*		
4	☐ Yes		*		

Clinical Specimen Row Number	Test Type §	Total # People Tested	Total # People Positive
1			
2			
3			
4			

*** Specimen Type: 1- Autopsy Specimen (specify subtype), 2-Biopsy (specify), 3-Blood, 4-Bronchial Alveolar Lavage (BAL), 5-Cerebrospinal Fluid (CSF), 6-Conjunctiva/Eye Swab, 7-Ear Swab, 8-Endotracheal Aspirate, 9-Saliva, 10-Serum, 11-Skin Swab, 12-Sputum, 13-Stool, 14-Urine, 15-Vomitus, 16-Wound Swab, 17-Unknown**

**** Specimen Subtype: 1-Bladder, 2-Brain, 3-Dura, 4-Hair, 5-Intestine, 6-Kidney, 7-Liver, 8-Lung, 9-Nails, 10-Skin, 11-Stomach, 12-Wound, 13-Other, 14-Unknown**

§ Test Type: 1-Culture, 2-DNA or RNA Amplification/Detection (e.g., PCR, RT-PCR), 3-Microscopy (e.g., fluorescent, EM), 4-Serological/Immunological Test (e.g., EIA, ELISA), 5-Phage Typing, 6-Chemical Testing, 7-Tissue Culture Infectivity Assay

Isolates

Which system contains this isolate profile? *(e.g., PulseNet, State Lab)*	Lab Isolate ID	Specimen Profile	Lab Method Used *(e.g., PFGE, MLVA, GP60, PCR)*

Water Not Intended for Drinking or Water of Unknown Intent (WNID/WUI)

Intent for Use

What was the intended use for the implicated water? *(check all that apply)*

- ☐ Cooling/Air Conditioning (e.g., cooling tower, swamp cooler)
- ☐ Mister (e.g., produce in grocery store, public cooling system)
- ☐ Ornamental (e.g., a decorative non-interactive fountain intended for public display and not designed for swimming or recreational use)
- ☐ Industrial/Occupational (e.g., steam cleaner)
- ☐ Agricultural Irrigation
- ☐ Waste water
- ☐ Other (specify): _____
- ☐ Unknown

Water Description

Water Type *(e.g., cooling tower; drainage ditch; fountain- ornamental)*	**Setting of Exposure** *(e.g., airport; hospital/ health care facility, nursing home; park- state park)*	**USUAL Water Treatment Provided** *(e.g., no treatment; disinfection; settling/sedimentation)*	**Water Treatment Subtype** *(disinfection or filtration: e.g., boiling; chlorine; rapid sand filter; reverse osmosis)*
*			
*			
*			
*			
*			
*			

Laboratory Section - Water Not Intended for Drinking of Water of Unknown Intent

Was the implicated water tested? ☐ Yes *(specify in table below)* ☐ No ☐ Unknown

Results						
Sample		1	2	3	4	5
Source of Sample		*	*	*	*	*
Additional Description *(e.g., time of day, specific location, etc.)*						
Date *(mm/dd/yyyy)*						
Volume Tested	**Number**					
	Unit	*	*	*	*	*
Temperature	**Number**					
	Unit	*	*	*	*	*
Residual/Free Disinfectant Level *(if total and combined disinfectant levels given, total - combined = free)*	**Number**					
	Unit	*	*	*	*	*
Turbidity (NTU)						
pH						

Water Quality Indicator

Sample Number	**Type** *(e.g., fecal coliforms)*	**Concentration** *(numerical value)*	**Unit**
	*		*
	*		*
	*		*
	*		*
	*		*
	*		*
	*		*

Microbiology or Chemical/Toxin Analysis *(refer to the laboratory findings from the outbreak investigation)*

Sample Number	Genus/ Chemical/ Toxin	Species	Serotype/ Serogroup/ Serovar	Genotype/ Subtype	PFGE Pattern
	*				
	*				
	*				
	*				

Sample Number	Test Results Positive?	Concentration *(numerical value)*	Unit	Test Type*	Test Method *(reference: National Environmental Methods Index: http://www.nemi.gov)*
	☐ Yes		*		
	☐ Yes		*		
	☐ Yes		*		
	☐ Yes		*		

*** Test Type: 1-Culture, 2-DNA or RNA Amplification/Detection (e.g., PCR, RT-PCR), 3-Microscopy (e.g., fluorescent, EM), 4-Serological/Immunological Test (e.g., EIA, ELISA), 5-Phage Typing, 6-Chemical Testing, 7-Tissue Culture Infectivity Assay**

Factors Contributing to Contamination and/or Increased Exposure to Contaminated Water

Factors *(check all that apply)**	Documented/ Observed**	Suspected**
Cooling tower/evaporative condenser – shutdown for >3 days without draining to waste	☐	☐
Cooling tower/evaporative condenser – lack of a maintenance program	☐	☐
Cooling tower/evaporative condenser – lack of a qualified water quality specialist	☐	☐
Cooling tower/evaporative condenser – presence of scale or corrosion	☐	☐
Cooling tower/evaporative condenser – presence of dirt, organic matter, or other debris in the cold water basin	☐	☐
Cooling tower/evaporative condenser – absence of drift eliminators	☐	☐
Cooling tower/evaporative condenser – presence of damaged drift eliminators	☐	☐
Cooling tower/evaporative condenser – history of recent repairs to the device	☐	☐
Cooling tower/evaporative condenser – siting of device near building air intakes	☐	☐
Cooling tower/evaporative condenser – siting of device near windows that can be opened	☐	☐
Cooling tower/evaporative condenser – siting of device in immediate area of kitchen exhaust fans, live plants, truck bays, or other sources of organic matter	☐	☐
Cooling tower/evaporative condenser – construction on the premises of the device within 6 months before the index case	☐	☐
Cooling tower/evaporative condenser – construction within 100 meters of the premises of the device within 6 months before the index case	☐	☐
Ornamental fountain – presence of submerged lighting	☐	☐
Ornamental fountain – lack of a written cleaning and maintenance program	☐	☐
Ornamental fountain – presence of dirt, organic matter, or other debris in the water basin	☐	☐
Broken/damaged sewer pipe	☐	☐
Recycling of water	☐	☐
Water temperature ≥30°C (≥86°F)	☐	☐
Other, specify:	☐	☐
Unknown	☐	☐

*** Only check off what was found during investigation.**

**** "Documented/Observed" refers to information gathered through document reviews, direct observations, and/or interviews. "Suspected" refers to factors that probably occurred but for which no documentation (as defined previously) is available.**

Remarks

Epidemic and laboratory assistance for the investigation of a waterborne disease outbreak is available upon request by the State Health Department to the Centers for Disease Control and Prevention. Please enter this report into the National Outbreak Reporting System (NORS). State/Local investigation reports and questionnaires can also be attached to the report in the electronic system. Communications and requests for epidemic and laboratory assistance may be directed to: Waterborne Disease and Outbreak Surveillance Coordinator. Division of Parasitic Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases, Coordinating Center for Infectious Diseases, CDC 4770 Buford Highway, NE, MS F-22, Atlanta, GA, 30341-3724 or (770) 488-7775

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA, 30333, ATTN: PRA (0920-0004) <--DO NOT MAIL CASE REPORTS TO THIS ADDRESS-