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.

1. TYPE OF EXPOSURE:  
   - Drinking water  
   - Recreational water  
   - Other:  

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:  
     - Diarrhea (≥3 stools/day):  
     - Nausea:  
     - Fever:  
     - Vomiting:  
     - Cramps:  
     - Eye infections:  
     - Skin infections:  
     - Rash:  
     - Dermatitis:  
     - Other, specify:  

6. INCUBATION PERIOD:  
   - Shortest:  
   - Longest:  
   - Median:  
   - Mean:  

7. DURATION of ILLNESS:  
   - Shortest:  
   - Longest:  
   - Median:  
   - Mean:  

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

<table>
<thead>
<tr>
<th>SPECIMEN</th>
<th>No. PERSONS</th>
<th>FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stool</td>
<td>11</td>
<td>8 Giardia intestinalis 3 negative</td>
</tr>
</tbody>
</table>

9. ETIOLOGY of OUTBREAK:  
   - Agent (if not known enter "Unk.")  
   - Diagnostic Certainty  
     - Confirmed  
     - Suspected  
     - Other:  

10a. EPIDEMIOLOGIC DATA:  
    - (e.g., vehicle/source - specific attack rates; dose-response curve, attach local and/or state report if available)  
    - Number of Persons EXPOSED  
    - Number of Persons NOT EXPOSED  
    - Odds/Risk Ratio (if available)  
    - p VALUE or Confidence Interval (if available)  

10b. Comments:  

11. WATER SUPPLY CHARACTERISTICS:  
    - (check all that apply for drinking water or recreational water)  
    - If recreational water outbreak, this refers to recreational water treatment  
    - a) TYPE OF DRINKING WATER SUPPLY:  
    - b) WATER SOURCE OR SETTING:  
    - c) WATER TREATMENT PROVIDED:  

   - 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:  
   - Unknown  
   - Well  
   - Spring/Hot spring  
   - River, Stream  
   - Lake, Pond, Reservoir  
   - Ocean  
   - Pool  
   - Waterpark  
   - Community/municipal  
   - Subdivision/neighborhood apartment  
   - Hotel/motel  
   - Membership club  
   - Private home  
   - Kiddie/wading  
   - Fountain  
   - Interactive  
   - Ornamental  
   - Waterpark  
   - Hot tub  
   - Whirlpool/spa pool  
   - Other:  
   - Unknown  

   - No treatment  
   - Disinfection  
   - Chlorine  
   - Chlorine and Ammonia (chloramine)  
   - Bromine  
   - 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  

   - None of the above  
   - Comments:  

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CDC USE ONLY
### IF RECREATIONAL EXPOSURE, PROCEED TO QUESTION (13), OTHERWISE PROCEED TO (12a).

#### 12. FACTORS CONTRIBUTING TO DRINKING WATER CONTAMINATION:
- **(check all that apply)***See 16
  - Contamination from wild/domestic animals
  - Contamination from aquatic systems
  - Contamination from sewage
  - Contamination from industrial processes
  - Contamination from chemical spills
  - Contamination from agricultural activities
  - Contamination from recreational activities
  - Contamination from animal trails
  - Contamination from domestic waste
  - Contamination from septic systems
  - Contamination from wildlife

#### 13. ROUTE OF ENTRY FOR RECREATIONAL EXPOSURE:
- Accidental ingestion
- Intentional ingestion
- Contact
- Inhalation
- Other: ________________
- Unknown: ________________

#### 14. FACTORS CONTRIBUTING TO RECREATIONAL WATER CONTAMINATION:
- **(check all that apply)***See 16
  - FRESH OR MARINE WATER (e.g. lakes, rivers, oceans):
    - High bather density/ load
    - Fecal accident by bather(s)
    - Use by diaper/toddler aged children
    - Overflow or release of sewage
    - Contamination of mains during construction or repair
    - Contamination of storage facility
    - Contamination in building/home

  - FILTERED AND/OR DISINFECTED SWIMMING VENUES (e.g. swimming pools, water parks, hot tubs, whirlpools/spa pools):
    - High bather density/ load
    - Fecal accident by bather(s)
    - Use by diaper/toddler aged children
    - No disinfection
    - Inadequate disinfection
    - Poor monitoring of disinfection levels
    - Cross contamination (specify ____________)
    - Combined adult/child pool filtration systems

  - Other: ________________
  - Unknown: ________________

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

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DATE</th>
<th>MICROBIOLOGY</th>
<th>LABORATORY RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tap Water</td>
<td>10/11/01</td>
<td>Total coliforms - none found in two 100ml samples; Giardia - 10 cysts/100L</td>
<td>0.5 mg/L 0.1 NTU</td>
</tr>
<tr>
<td>Untreated Raw Water</td>
<td>11/02/01</td>
<td>23 fecal coliforms per 100 ml</td>
<td>Not Done 10.0 NTU</td>
</tr>
<tr>
<td>System History</td>
<td>Prev. 3 mos</td>
<td>MCL for total coliforms exceeded month before outbreak</td>
<td>NA &gt;MCL</td>
</tr>
<tr>
<td>Source Water</td>
<td>Prev. 2 wks</td>
<td>Heavy runoff, high turbidity</td>
<td>NA 5.0 NTU</td>
</tr>
</tbody>
</table>

#### 16. 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.

### Person to contact for information about water quality or water system:

- **NAME:** ________________
- **TEL. NO:** ________________
- **AGENCY:** ________________
- **ADDRESS:** ________________
- **DATE OF REPORT:** ________________

### Person completing form:

- **E-MAIL:** ________________
- **PHONE:** ________________
- **FAX CODE:** ________________
- **DATE INVESTIGATION INITIATED:** ________________

### 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

Attention: Waterborne Disease Coordinator

4770 Buford Highway, NE, Mailstop F22

Atlanta, GA 30341-3724

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, 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).