

# 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.

CDC USE ONLY  
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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.

<b>1. TYPE of EXPOSURE:</b> <input type="checkbox"/> Drinking water <input type="checkbox"/> Recreational water <input type="checkbox"/> Other: _____	<b>2. LOCATION of OUTBREAK:</b> State: _____ City or Town: _____ County: _____	<b>3. DATE of OUTBREAK:</b> (Date first case became ill): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">Mo.</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">Day</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">Yr.</div> </div>	<b>4. NUMBERS OF:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">Actual</td> <td style="width: 10%; text-align: center;">Estimated</td> </tr> <tr> <td>Persons exposed:</td> <td style="border: 1px solid black; width: 50px;"></td> <td style="border: 1px solid black; width: 50px;"></td> </tr> <tr> <td>Persons ill:</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>Hospitalized:</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>Fatalities:</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table>		Actual	Estimated	Persons exposed:			Persons ill:			Hospitalized:			Fatalities:		
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<b>5. HISTORY of EXPOSED PERSONS:</b> <i>Enter the no. of persons with the following symptoms:</i>  Diarrhea (≥3 stools/day): _____ Diarrhea (other): _____ / (Specify definition): _____ Visible blood in stools: _____ Nausea: _____ Fever: _____ Vomiting: _____ Cramps: _____ Eye infections: _____ Ear infections: _____ Skin infections: _____ Rash: _____ Dermatitis: _____ Respiratory symptoms: _____ Other, specify: _____	NO. OF PERSONS INTERVIEWED: <input style="width: 40px;" type="text"/>	NO. OF INTERVIEWED PERSONS WHO WERE ILL: <input style="width: 40px;" type="text"/>	<b>6. INCUBATION PERIOD:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">Hrs.</td> <td style="width: 10%; text-align: center;">Days</td> </tr> <tr> <td>Shortest: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Longest: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Median: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Mean: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Hrs.	Days	Shortest: _____	<input type="checkbox"/>	<input type="checkbox"/>	Longest: _____	<input type="checkbox"/>	<input type="checkbox"/>	Median: _____	<input type="checkbox"/>	<input type="checkbox"/>	Mean: _____	<input type="checkbox"/>	<input type="checkbox"/>	<b>7. DURATION of ILLNESS:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">Hrs.</td> <td style="width: 10%; text-align: center;">Days</td> </tr> <tr> <td>Shortest: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Longest: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Median: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Mean: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Hrs.	Days	Shortest: _____	<input type="checkbox"/>	<input type="checkbox"/>	Longest: _____	<input type="checkbox"/>	<input type="checkbox"/>	Median: _____	<input type="checkbox"/>	<input type="checkbox"/>	Mean: _____	<input type="checkbox"/>	<input type="checkbox"/>
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<b>8. SPECIMENS EXAMINED from PATIENTS:</b> (stool, vomitus, serum, etc.)			<b>9. ETIOLOGY of OUTBREAK:</b>		
SPECIMEN	No. PERSONS	FINDINGS	Agent (If not known enter "Unk.")	Diagnostic Certainty	
<b>EXAMPLE</b> Stool	<b>11</b>	<b>8 Giardia intestinalis 3 negative</b>		Confirmed	Suspected
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			Comments: .....		

<b>10a. EPIDEMIOLOGIC DATA:</b> (e.g., vehicle/source - specific attack rates; dose-response curve, <b>attach local and/or state report if available</b> )										p VALUE or CONFIDENCE INTERVAL (if available)
EXPOSURE (vehicle/source)	Number of Persons EXPOSED				Number of Persons NOT EXPOSED				ODDS/RISK RATIO (If available)	
	ILL	NOT ILL	TOTAL	% ILL	ILL	NOT ILL	TOTAL	% ILL		

No data were collected from comparison groups to estimate risk but water was the only common source shared by persons who were ill.

**10b. Comments:**  
 .....  
 .....  
 .....

<b>11. WATER SUPPLY CHARACTERISTICS:</b> (check all that apply for drinking water or recreational water)		*If recreational water outbreak, this refers to recreational water treatment
<b>a) TYPE OF DRINKING WATER SUPPLY:</b> <input type="checkbox"/> Community or Municipal <input type="checkbox"/> City or County (Name: _____) <input type="checkbox"/> Subdivision <input type="checkbox"/> Trailer Park <input type="checkbox"/> Noncommunity (does not obtain water from a community water system, but has developed/maintained its own water supply) <input type="checkbox"/> Camp, Cabin, Recreational area <input type="checkbox"/> School <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel, Motel <input type="checkbox"/> Church <input type="checkbox"/> Other: _____ <input type="checkbox"/> Individual household supply <input type="checkbox"/> Bottled water <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	<b>b) WATER SOURCE OR SETTING:</b> <input type="checkbox"/> Well <input type="checkbox"/> Spring/Hot spring <input type="checkbox"/> River, Stream <input type="checkbox"/> Lake, Pond, Reservoir <input type="checkbox"/> Ocean <input type="checkbox"/> Pool <input type="checkbox"/> Waterpark <input type="checkbox"/> Community/municipal <input type="checkbox"/> Subdivision/neighborhood apartment <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Membership club <input type="checkbox"/> Private home <input type="checkbox"/> Kiddie/wading <input type="checkbox"/> Fountain <input type="checkbox"/> Interactive <input type="checkbox"/> Ornamental <input type="checkbox"/> Waterpark <input type="checkbox"/> Hot tub <input type="checkbox"/> Whirlpool/spa pool <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	<b>c) WATER TREATMENT PROVIDED:*</b> <input type="checkbox"/> No treatment <input type="checkbox"/> Disinfection <input type="checkbox"/> Chlorine <input type="checkbox"/> Chlorine and Ammonia (chloramine) <input type="checkbox"/> Bromine <input type="checkbox"/> Ozone <input type="checkbox"/> U.V. <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Coagulation and/or Flocculation <input type="checkbox"/> Settling (sedimentation) <input type="checkbox"/> Filtration at purification plant ( <b>don't</b> include home filters) or pool <input type="checkbox"/> Rapid sand <input type="checkbox"/> Slow sand <input type="checkbox"/> Diatomaceous earth <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown

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

**12. FACTORS CONTRIBUTING TO DRINKING WATER CONTAMINATION:** (check **all** that apply) \*See 16

**a) Contamination at the water source:**

<input type="checkbox"/> Overflow of sewage	<input type="checkbox"/> Flooding, heavy rains	<input type="checkbox"/> Contamination from wild/domestic animals
<input type="checkbox"/> Underground seepage of sewage	<input type="checkbox"/> Use of a back-up source of water by a water utility	<input type="checkbox"/> Chemical pollution
<input type="checkbox"/> Septic system drainage	<input type="checkbox"/> Improper construction or location of well or spring	<input type="checkbox"/> Algal bloom
	<input type="checkbox"/> Contamination of wells through limestone or fissured rock	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> Unknown

**b) Water treatment deficiencies:**

<input type="checkbox"/> No disinfection	<input type="checkbox"/> No filtration	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Temporary interruption of disinfection	<input type="checkbox"/> Inadequate filtration	<input type="checkbox"/> Unknown
<input type="checkbox"/> Chronically inadequate disinfection	<input type="checkbox"/> Deficiencies in other treatment processes	

**c) Contamination in the water distribution system or home plumbing:**

<input type="checkbox"/> Cross connection of potable and non-potable water pipes resulting in back siphonage (negative pressure or backflow)	<input type="checkbox"/> Contamination of mains during construction or repair	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Contamination of storage facility	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Contamination in building/home	

**d) OTHER REASONS/CONTRIBUTING FACTORS FOR CONTAMINATION OF WATER (eg. corrosive water):**

**13. ROUTE OF ENTRY FOR RECREATIONAL EXPOSURE:**

<input type="checkbox"/> Accidental ingestion	<input type="checkbox"/> Intentional ingestion	<input type="checkbox"/> Contact	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Other: _____
				<input type="checkbox"/> Unknown

**14. FACTORS CONTRIBUTING TO RECREATIONAL WATER CONTAMINATION:** (check **all** that apply) \*See 16

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

<input type="checkbox"/> High bather density/load	<input type="checkbox"/> Flooding, heavy rains	<input type="checkbox"/> Algal bloom
<input type="checkbox"/> Fecal accident by bather(s)	<input type="checkbox"/> Stagnant water	<input type="checkbox"/> Animal feces observed near site
<input type="checkbox"/> Use by diaper/toddler aged children	<input type="checkbox"/> Water Temperature $\geq 30^{\circ}\text{C}$	<input type="checkbox"/> Agricultural/animal production in watershed
<input type="checkbox"/> Overflow or release of sewage	<input type="checkbox"/> Chemical pollution	<input type="checkbox"/> Unprotected watershed
		<input type="checkbox"/> Other: _____
		<input type="checkbox"/> Unknown

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

<input type="checkbox"/> High bather density/load	<input type="checkbox"/> Inadequate disinfection	<input type="checkbox"/> No filtration
<input type="checkbox"/> Fecal accident by bather(s)	<input type="checkbox"/> Poor monitoring of disinfection levels	<input type="checkbox"/> Inadequate filtration
<input type="checkbox"/> Use by diaper/toddler aged children	<input type="checkbox"/> Cross contamination (specify _____)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> No disinfection	<input type="checkbox"/> Combined adult/child pool filtration systems	<input type="checkbox"/> 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)

NONE TESTED

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

**16. REMARKS:** Clarify for sections 12 and 14 which checked items are confirmed or are suspected factors

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:	Person completing form: (please print)	E-MAIL: _____	Date investigation initiated: _____ / _____ / _____
	NAME: _____	TEL. NO: (_____) _____ - _____	
	AGENCY: _____	DATE OF REPORT: _____ / _____ / _____	

**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

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 →