DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Infectious Diseases
Atlanta, GA 30333

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
– ___ ___ ___ ___ ___

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.

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:

NO. OF PERSONS INTERVIEWED: ☐
NO. OF INTERVIEWED PERSONS WHO WERE ILL: ☐

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: _____

6. INCUBATION PERIOD:

	Hrs.	Days
Shortest: _____	☐	☐
Longest: _____	☐	☐
Median: _____	☐	☐
Mean: _____	☐	☐

7. DURATION of ILLNESS:

	Hrs.	Days
Shortest: _____	☐	☐
Longest: _____	☐	☐
Median: _____	☐	☐
Mean: _____	☐	☐

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

SPECIMEN	No. PERSONS	FINDINGS
EXAMPLE *Stool*	*11*	*8 Giardia intestinalis 3 negative*

9. ETIOLOGY of OUTBREAK:

Agent (If not known enter "Unk.")	Diagnostic Certainty: Confirmed	Suspected
Pathogen:	☐	☐
Chemical:	☐	☐
Other:	☐	☐

Comments: _____

10a. EPIDEMIOLOGIC DATA: (e.g., vehicle/source - specific attack rates; dose-response curve, **attach local and/or state report if available**)

EXPOSURE (vehicle/source)	Number of Persons EXPOSED: ILL	NOT ILL	TOTAL	% ILL	Number of Persons NOT EXPOSED: ILL	NOT ILL	TOTAL	% ILL	ODDS/RISK RATIO (If available)	p VALUE or CONFIDENCE INTERVAL (If available)

☐ **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: _____

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:
- ☐ 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

b) WATER SOURCE OR SETTING:
- ☐ 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

c) WATER TREATMENT PROVIDED:*
- ☐ 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
- ☐ Other: _____
- ☐ 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:

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

b) Water treatment deficiencies:

- ☐ No disinfection
- ☐ Temporary interruption of disinfection
- ☐ Chronically inadequate disinfection
- ☐ No filtration
- ☐ Inadequate filtration
- ☐ Deficiencies in other treatment processes
- ☐ Other: _____
- ☐ Unknown

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

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

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

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

a) 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
- ☐ Flooding, heavy rains
- ☐ Stagnant water
- ☐ Water Temperature ≥ 30°C
- ☐ Chemical pollution
- ☐ Algal bloom
- ☐ Animal feces observed near site
- ☐ Agricultural/animal production in watershed
- ☐ Unprotected watershed
- ☐ Other: _____
- ☐ Unknown

b) 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
- ☐ No filtration
- ☐ Inadequate filtration
- ☐ 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)

☐ NONE TESTED

		LABORATORY RESULTS		
ITEM	DATE	MICROBIOLOGY	DISINFECTANT RESIDUAL	TURBIDITY
EXAMPLES *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)

NAME: _____

AGENCY: _____

E-MAIL: _____

TEL. NO: (_____) ___ ___ - ___ ___ ___ ___
area code

DATE OF REPORT: ___ ___ / ___ ___ / ___ ___
MO. DAY YR.

Date investigation initiated:

___ ___ / ___ ___ / ___ ___
MO. DAY YR.

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