### 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, excluding wound infections caused by water-related organisms.

**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:
- [ ] Water intended for drinking
- [ ] Recreational

#### 2. LOCATION of OUTBREAK:
- State: ____________________________
- City or Town: ____________________________
- County: ____________________________

#### 3. DATE of OUTBREAK:
- (Date first case became ill): Mo. Day Yr.

#### 4. NUMBERS OF:
- Persons exposed: ______
- Persons ill: ______
- Hospitalized: ______
- Fatalities: ______

#### 5. HISTORY of EXPOSED PERSONS:
- Enter the no. of persons with the following symptoms:
  - Diarrhea (3 stools/day): ______
  - Vomiting: ______
  - Visible blood in stools: ______
  - Other, specify: ______

#### 6. INCUBATION PERIOD:
- (HOURS) Shortest: ______
- Longest: ______
- Median: ______

#### 7. DURATION of ILLNESS:
- (DAYS) Shortest: ______
- Longest: ______
- Median: ______

#### 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>EXAMPLE</td>
<td>Stool</td>
<td>11</td>
</tr>
</tbody>
</table>

#### 9. ETIOLOGY of OUTBREAK:
- Agent (if not known enter “Unk.”)
- Diagnostic Certainty
  - Confirmed
  - Suspected

#### 10a. EPIDEMIOLOGIC DATA:
- (e.g., vehicle/source - specific attack rates; attack rate by quantity of vehicle consumed, attach report if available)

#### 11. WATER SUPPLY CHARACTERISTICS:
- (check all that apply for both drinking water and recreational water)

**a) TYPE of DRINKING WATER SUPPLY:**
- [ ] Community or Municipal
  - Name: ____________________________
- [ ] City or County
- [ ] 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: ____________________________

**b) WATER SOURCE OR SETTING:**
- (check source that was cause of outbreak)
- [ ] Well
- [ ] River, Stream
- [ ] Lake, Pond, Reservoir
- [ ] Spring
- [ ] Ocean
- [ ] Community/municipal pool
- [ ] Waterpark
- [ ] Subdivision/neighborhood apartment pool
- [ ] Hotel/motel/club pool
- [ ] Private home pool
- [ ] Kiddie/wading (e.g., backyard splash pool)
- [ ] Hot tub
- [ ] Whirlpool
- [ ] Other: ____________________________
- [ ] Unknown

**c) WATER TREATMENT PROVIDED:**
- [ ] No treatment
- [ ] Disinfection
- [ ] Chlorine
- [ ] Chlorine and Ammonia (chloramine)
- [ ] 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
### 12. Factors Contributing to Drinking Water Contamination

**a) AT SOURCE:**
- Overflow of sewage
- Flooding, heavy rains
- Underground seepage of sewage
- Use of a back-up source of water by a water utility
- Improper construction or location of well or spring
- Contamination through creviced limestone or fissured rock

**b) AT TREATMENT PLANT:**
- No disinfection
- Temporary interruption of disinfection
- Chronically inadequate disinfection
- No filtration
- Inadequate filtration
- Deficiencies in other treatment processes

**c) IN DISTRIBUTION SYSTEM:**
- Cross connection
- Back siphonage
- Contamination of mains during construction or repair
- Contamination of storage facility

**d) OTHER REASONS FOR CONTAMINATION OF WATER:**

### 13. Factors Contributing to Recreation Water Contamination

**a) Fresh or Marine Water (e.g., lakes, rivers, oceans):**
- Excessive bather density/load
- Fecal accident by bather(s)
- Overflow or release of sewage
- Flooding, heavy rains
- Unprotected watershed
- Agricultural/animal production in watershed
- Open access to wild animal population
- Increase in water temperature
- Stagnant water

**b) Filtered and/or Disinfected Swimming Venues (e.g., swimming pools, water parks, hot tubs, whirlpools):**
- Excessive bather density/load
- Fecal accident by bather(s)
- Cross contamination
- Poor monitoring of disinfection levels
- Combined adult/child pool filtration systems
- No filtration

### 14. Water Specimens Examined

**EXAMPLES**
- Tap Water
  - 10/11/99: No coliforms
  - 11/02/99: 23 fecal coliforms
  - 11/12/99: Giardia; 10 total coliforms per 100 ml

**LABORATORY RESULTS**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DATE</th>
<th>MICROBIOLOGY</th>
<th>DISINFECTANT RESIDUAL</th>
<th>TURBIDITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Untreated Raw Water</td>
<td>11/02/99</td>
<td>23 fecal coliforms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tap Water</td>
<td>11/12/99</td>
<td>Giardia; 10 total coliforms per 100 ml</td>
<td>0.5 mg/L</td>
<td>0.1 NTU</td>
</tr>
<tr>
<td>Tap Water</td>
<td>10/11/99</td>
<td>No coliforms</td>
<td>10.0 NTU</td>
<td></td>
</tr>
</tbody>
</table>

### 15. 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.

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**Name of reporting agency:**

**Person completing form:**

**Date investigation initiated:**

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**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
4770 Buford Highway, NE, Mailstop F22
Atlanta, GA 30341-3724

Public reporting burden of this collection of information is estimated to average 15 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 2-24, Atlanta, GA 30333, ATTN: PRA (0920-0004). ---DO NOT MAIL CASE REPORTS TO THIS ADDRESS---

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Use of a back-up source of water by a water utility
Improper construction or location of well or spring
Contamination through creviced limestone or fissured rock

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Fecal accident by bather(s)
Cross contamination
Increased water temperature
Stagnant water

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Open access to wild animal population
Agricultural/animal production in watershed
Increased water temperature
Stagnant water

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Excessive bather density/load
Fecal accident by bather(s)
Overflow or release of sewage
Flooding, heavy rains
Excessive bather density/load
No filtration
Inadequate filtration
Deficiencies in other treatment processes

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Back siphonage
Contamination of mains during construction or repair
Contamination of storage facility

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Giardia; 10 total coliforms per 100 ml
No coliforms
23 fecal coliforms
No filtration