U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service Centers for Disease Control and Prevention		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											CDC USE ONLY			
National Center for Infectious Diseas Atlanta, GA 30333		(inge	estion, conta	ct or inhalatio -related organ	n) to recrea	tional w	ater, <u>ex</u>	cluding	g wound i	nfection	is			Approv No. 092	ed 20-0004	
SUBMITTED COPIES OF T	HIS FORM	SHOU	LD INCLUDE	AS MUCH IN	IFORMATIO	N AS P	OSSIBLE	E; BUT	THE CON	IPLETIC	ON OF E	VERY I	rem is	NOT	REQUIRED.	
1. TYPE of EXPOSURE:	2. LOCATI	ON of	OUTBREAK	:		3. <u>D/</u>	ATE of O	UTBRE	AK:	4. <u>N</u>	IUMBER	<u>S OF</u> :	A	ctual	Estimated	
Water intended	State:					(Da	te first o	case be	ecame ill):	: <u>Р</u>	ersons e	xposed:				
for drinking	Citv or									P	ersons il	l:				
Recreational										H	lospitaliz	ed:	_			
		_					Mo.	Day	Yr.	F	atalities:		<b></b>			
5. <u>HISTORY of EXPOSED P</u> Enter the no. of persons			NO. OF HIST OBTAINED:	ORIES			ERVIEW NHO WE				NCUBAT PERIOD:	ION		DURAT		
following symptoms: Diarrhea (3 stools/day):		Diarrh	oo (othor): N	o/defir	ition D					1	ţ	<u>HOURS)</u>			(DAYS)	
					tis:					S	hortest:		8	Shortest	:	
Visible blood in stools:			ps:			Other	, specity	·		L	ongest:		L	ongest:		
Vomiting:			:	Otitis extern						M	ledian:		N	/ledian:		
Nausea:			·	0												
8. <u>SPECIMENS EXAMINED</u> SPECIMEN		<u>:NTS</u> : PERSO			) DINGS					9. [	ETIOLOO	GY of OU	TBRE	<u>AK</u> :		
EXAMPLE Stool		11		8 Giardia		ia				Agent				Diagnostic Certainty		
5001		± ±		3 negativ	<i>v</i> e						(If not knov	/n enter "U	nk.")	Confirm	ed Suspected	
										Path	ogen:					
			]							Cher	nical:					
										Other:						
			]							Comments:						
			]													
10a. EPIDEMIOLOGIC DAT	<b>A:</b> (e.g., veł	hicle/so	ource - specif	ic attack rates;	attack rate b	y quanti	ty of veh	icle con	sumed)						p VALUE or	
	EXPOSUR				Num	ber of Pe	rsons EXP(	OSED	Number	r of Perso	ns <u>NOT</u> E	KPOSED	ODDS	RATIO	CONFIDENCE INTERVAL	
	(vehicle/sou	rce)			ILL	<u>not</u> ill	TOTAL	% ILL	ILL	<u>not</u> Ill	TOTAL	% ILL	(If ava	ailable)	(If available)	
													<u> </u>			
													<u> </u>			
Comments:																
10b. VEHICLE/SOURCE RE	SPONSIBLE	<u>:</u> (im	plicated by	epidemiologic	evidence i	in [10a]	")									
11. WATER SUPPLY CHAR	ACTERISTI	<u>CS</u> : (	skip to que	stion 12, if re	creational e	exposur	e)									
a) <u>TYPE OF WATER SU</u>					R SOURCE:				TER TREA		PROVI	<u>DED: (</u> c	heck <u>a</u>	<u>II</u> that a	pply)	
Community or Mu				· · ·	source that of outbreak			_	No treatme Disinfection							
(Name:				_) 🗌 Wel		,		_								
Subdivision River, Stream				Chlorine and Ammonia (chloramine)												
Lake, Pond, Res				ervoir Ozone												
(does not obtain water from a community water				-	Unknov											
									on and/or Flocculation							
Camp, Cabin, Recreational area					Settling (s					edimentation)						
										at purification plant ( <b>don't</b> include home filters)						
Restaurant									Rapid s							
									Diatom		earth					
Other:				-					Other:							
Individual househousehousehousehousehousehousehouse	old supply							_	Unknov Other:							
Other:				_					Unknown							

CDC 52.12 REV.12/96 (Front)

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IF RECREATIONAL EXPOSURE,	PROCEED TO QU	ESTION (12) AND THEN (13d), OTHERWISE F	PROCEED TO (13a).				
12. <u>RECREATIONAL EXPOSURE</u> :		b) Type of Exposure:		<b>Describe the setting:</b> (e. rafting trip, etc.)	.g., health spa,		
a) Route of Entry:	test	Swimming pool Hot Tub		ranning inp, etc.)			
Accidental ingestion		Lake, Pond     Whiripool     River, Stream     Other:					
13. FACTORS CONTRIBUTING TO WAT a) AT SOURCE: Overflow of sewage		<b>ION:</b> (check <u>all</u> that apply) of a back-up source of water by a water utility	Other:				
<ul> <li>Flooding, heavy rains</li> <li>Underground seepage of sewage</li> </ul>		roper construction or location of well or spring tamination through creviced limestone or fissured	Unknown Frock				
b) AT TREATMENT PLANT: No disinfection	🗌 No	filtration	Other:				
Temporary interruption of disinf Chronically inadequate disinfec		dequate filtration iciencies in other treatment processes	🗌 Unknown				
c) IN DISTRIBUTION SYSTEM: Cross connection Back siphonage		ntamination of mains during construction or repair ntamination of storage facility	Other: Unknown				
d) OTHER REASONS FOR CONT	AMINATION OF W	<b>/ATER:</b> (include recreational exposures here)					
t		for routine samples collected <b>before</b> and <b>during</b> gation as well as for any special lab studies)					
NONE TESTED		LAE	BORATORY RESULTS				
ITEM	DATE	MICROBIOLOG	θY	DISINFECTANT RESIDUAL	TURBIDITY		
EXAMPLES Tap Water	10/11/91	No coliforms		0.5 mg/L	0.1 NTU		
Untreated Raw Water	11/02/91	23 fecal coliforms		Not Done			
Tap Water	11/12/91	Giardia; 10 total colif	orms per 100	ml O	2.0 NTU		
					-		
An antipatric Printly departies the		the outbrook and/or the outbrook investigation					
		the outbreak and/or the outbreak investigation irve and summary report, if available.					
Name of reporting agency:		pleting form: (please print)	TEL. NO: ( )		Date investigation initiated:		
	TITLE:		DATE OF REPORT: /		1		
			MO. DA		/ DAY YR.		
upon request by the State Health De To improve national surveillance of	epartment to the C outbreaks of wate	stigation of a waterborne outbreak is available enters for Disease Control and Prevention. rborne diseases, please send a copy of this d in the epidemiologic investigation (if availabl	Division Attentior 4770 Bu	for Disease Control and of Parasitic Diseases 1: Waterborne Disease Coc ford Highway, NE, Mailsto GA 30341-3724	ordinator		
		verage 15 minutes per response, including the time for review	wing instructions, searching	existing data sources, gathering a			
OMB control number. Send comments regarding	g this burden estimate o	An agency may not conduct or sponsor, and a person is not ror r any other aspect of this collection of information, including s Dindependence Ave., SW, Washington, DC 20201.40 DO NC	suggestions for reducing this	burden to DHHS Reports Clearan			