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.

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): ________
  - Visible blood in stools: _________
  - Nausea: ________________________
  - Vomiting: ______________________
  - Other: _________________________
  - Fever: _________________________
  - Rash: _________________________
  - Cough: _________________________

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

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

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></td>
<td></td>
</tr>
<tr>
<td>Stool</td>
<td>8</td>
<td>Giardia lamblia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 negative</td>
</tr>
</tbody>
</table>

9. ETIOLOGY of OUTBREAK:
- Agent:
- Diagnostic Certainty
  - Confirmed
  - Suspected

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

<table>
<thead>
<tr>
<th>EXPOSURE (vehicle/source)</th>
<th>Number of Persons EXPOSED</th>
<th>Number of Persons NOT EXPOSED</th>
<th>Number of Persons CONFIRMED</th>
<th>Number of Persons SUSPECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ILL</td>
<td>NOT ILL</td>
<td>TOTAL</td>
<td>% ILL</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

10b. VEHICLE/SOURCE RESPONSIBLE:
- (implicated by epidemiologic evidence in [10a])

11. WATER SUPPLY CHARACTERISTICS:
- (skip to question 12, if recreational exposure)

a) TYPE of 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: ________________________________

b) WATER SOURCE:
- (check source that was cause of outbreak)
  - Well
  - River, Stream
  - Lake, Pond, Reservoir
  - Spring
  - Other: ________________________________
  - Unknown

12. WATER TREATMENT PROVIDED:
- (check all that apply)
- No treatment
- Disinfection
- Chlorine
- Chlorine and Ammonia (chloramine)
- Ozone
- Other: ________________________________
  - Unknown
- Coagulation and/or Flocculation
- Settling (sedimentation)
- Filtration at purification plant (don't include home filters)
- Rapid sand
- Slow sand
- Diatomaceous earth
- Other: ________________________________
  - Unknown
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:

Name of reporting agency: ____________________________
Person completing form: ____________________________

Date investigation initiated: __________________________

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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 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 DHHS Reports Clearance Officer; Paperwork Reduction Project (0920-0004); Rm 531 H, H.H. Humphrey Bldg.; 200 Independence Ave., SW, Washington, DC 20201. DO NOT MAIL CASE REPORTS TO THIS ADDRESS.