

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.

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.

1. TYPE of EXPOSURE: <input type="checkbox"/> Water intended for drinking <input type="checkbox"/> Recreational	2. LOCATION of OUTBREAK: State: _____ City or Town: _____ County: _____	3. DATE of OUTBREAK: (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;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Mo. Day Yr. </div>	4. NUMBERS OF: <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td></td> <td style="text-align: center;">Actual</td> <td style="text-align: center;">Estimated</td> </tr> <tr> <td>Persons exposed:</td> <td></td> <td></td> </tr> <tr> <td>Persons ill:</td> <td></td> <td></td> </tr> <tr> <td>Hospitalized:</td> <td></td> <td></td> </tr> <tr> <td>Fatalities:</td> <td></td> <td></td> </tr> </table>		Actual	Estimated	Persons exposed:			Persons ill:			Hospitalized:			Fatalities:		
	Actual	Estimated																
Persons exposed:																		
Persons ill:																		
Hospitalized:																		
Fatalities:																		

5. HISTORY of EXPOSED PERSONS: <i>Enter the no. of persons with the following symptoms:</i> Diarrhea (3 stools/day): _____ Diarrhea (other): No. _____ / definition D _____ Visible blood in stools: _____ Cramps: _____ Conjunctivitis: _____ Other, specify: _____ Vomiting: _____ Fever: _____ Otitis externa: _____ Nausea: _____ Rash: _____ Cough: _____	NO. OF HISTORIES OBTAINED: <input style="width: 40px;" type="text"/>	NO. OF INTERVIEWED PERSONS WHO WERE ILL: <input style="width: 40px;" type="text"/>	6. INCUBATION PERIOD: (HOURS) Shortest: _____ Longest: _____ Median: _____	7. DURATION of ILLNESS: (DAYS) Shortest: _____ Longest: _____ Median: _____
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8. SPECIMENS EXAMINED from PATIENTS: (stool, vomitus, serum, etc.)			9. ETIOLOGY of OUTBREAK:		
SPECIMEN	No. PERSONS	FINDINGS	Agent	Diagnostic Certainty	
(If not known enter "Unk.")				Confirmed	Suspected
EXAMPLE Stool	11	8 <i>Giardia lamblia</i> 3 negative		<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>		Pathogen:	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>		Chemical:	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>		Comments:		
<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>			
<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>			
<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>			

10a. EPIDEMIOLOGIC DATA: (e.g., vehicle/source - specific attack rates; attack rate by quantity of vehicle consumed)											p VALUE or CONFIDENCE INTERVAL
EXPOSURE (vehicle/source)	Number of Persons EXPOSED				Number of Persons NOT EXPOSED				ODDS RATIO (If available)	(If available)	
	ILL	NOT ILL	TOTAL	% ILL	ILL	NOT ILL	TOTAL	% ILL			

Comments: _____

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: <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: _____	b) WATER SOURCE: (check source that was cause of outbreak) <input type="checkbox"/> Well <input type="checkbox"/> River, Stream <input type="checkbox"/> Lake, Pond, Reservoir <input type="checkbox"/> Spring <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	c) WATER TREATMENT PROVIDED: (check all that apply) <input type="checkbox"/> No treatment <input type="checkbox"/> Disinfection <input type="checkbox"/> Chlorine <input type="checkbox"/> Chlorine and Ammonia (chloramine) <input type="checkbox"/> Ozone <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 (don't include home filters) <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
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