



# National Outbreak Reporting System

## Waterborne Disease Transmission



This form is used to report waterborne disease outbreaks. Pages 1-5 ask for the minimum or basic information about the outbreak investigation, epidemiological data, and clinical specimen and water test results. These are followed by sections specific to the type of water exposure. Only 1 of the 5 water exposure sections should be completed.

Public reporting burden of this collection of information is estimated to average 20 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 D-24, Atlanta, GA, 30333, ATTN: PRA (0920-0004) --DO NOT MAIL CASE REPORTS TO THIS ADDRESS

**CDC USE ONLY**

CDC Report ID

State Report ID

Form Approved  
OMB No. 0920-0004

### General Section

#### Primary Mode of Transmission (Check one)

- Food (Complete CDC 52.13)
- Water (Complete the tabs for General, Water-General, Water-Etiology & Lab, Water Samples and the type of water exposure)
- Animal contact (Complete CDC 52.13)
- Person-to-person (Complete CDC 52.13)
- Environmental contamination other than food/water (Complete CDC 52.13)
- Other/Unknown (Complete CDC 52.13)

#### Investigation Methods (Check all that apply)

- Interviews only of ill persons
- Case-control study
- Cohort study
- Food preparation review
- Water system assessment: Drinking water
- Water system assessment: Nonpotable water
- Treated or untreated recreational water venue assessment
- Investigation at factory/production/treatment plant
- Investigation at original source (e.g., farm, water source, etc.)
- Food product or bottled water traceback
- Environment/food/water sample testing
- Other

#### Comments

#### Dates (mm/dd/yyyy)

Date first case became ill (required) \_\_\_\_\_ Date last case became ill \_\_\_\_\_

Date of initial exposure \_\_\_\_\_ Date of last exposure \_\_\_\_\_

Date of report to CDC (other than this form) \_\_\_\_\_

Date of notification to State/Territory or Local/Tribal Health Authorities \_\_\_\_\_

#### Geographic Location

Reporting state: \_\_\_\_\_

- Exposure occurred in multiple states
- Exposure occurred in a single state but cases resided in multiple states

Other states: \_\_\_\_\_

Reporting county: \_\_\_\_\_

- Exposure occurred in multiple counties in reporting state
- Exposure occurred in a single county but cases resided in multiple counties in reporting state

Other counties: \_\_\_\_\_

City/Town/Place of exposure: \_\_\_\_\_

*Do not include proprietary or private facility names*

#### Primary Cases

Number of primary cases		Sex (Number or percent of the primary cases)				
Lab-confirmed primary cases	#	Male	#	%		
Probable primary cases	#	Female	#	%		
Estimated total primary cases	#	Unknown	#	%		
Primary Case Outcomes	# Cases	Total # of case for whom info is available	Age (Number or percent of the primary cases)			
			<1 year	20-49 years	50-74 years	≥ 75 years
Died	#	#	#	%	# %	
Hospitalized	#	#	#	%	# %	
Visited Emergency Room	#	#	#	%	# %	
Visited health care provider (excluding ER visits)	#	#	#	%	# %	

**Incubation Period, Duration of Illness, Signs or Symptoms for Primary Cases only**

Incubation Period (Select appropriate units)			Duration of Illness (Among recovered cases-select appropriate units)		
Shortest		Min, Hours, Days	Shortest		Min, Hours, Days
Median		Min, Hours, Days	Median		Min, Hours, Days
Longest		Min, Hours, Days	Longest		Min, Hours, Days
Total # of cases for whom info is available			Total # of cases for whom info is available		
<input type="checkbox"/> Unknown incubation period			<input type="checkbox"/> Unknown duration of illness		

**Signs or Symptoms**

Feature	# Cases with signs or symptoms	Total # cases for whom info available
Vomiting		
Diarrhea		
Bloody stools		
Fever		
Abdominal cramps		
HUS		
Asymptomatic		

**Secondary Cases**

Mode of Secondary Transmission (Check all that apply)	Number of Secondary Cases	
<input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Animal contact <input type="checkbox"/> Person-to-person <input type="checkbox"/> Environmental contamination other than food/water <input type="checkbox"/> Other/Unknown	Lab-confirmed secondary cases	#
	Probable secondary cases	#
	Estimated total secondary cases	#
	Estimated total cases (Primary + Secondary)	#

**Environmental Health Specialists Network (If applicable)**

EHS-Net Evaluation ID: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_ 4.) \_\_\_\_\_

**Traceback (For food and bottled water only, not public water)**

Please check if traceback conducted

Source name <i>(if publicly available)</i>	Source type <i>(e.g. poultry farm, tomato processing plant, bottled water factory)</i>	Location of source		Traceback Comments
		State	Country	

**Recall**

Please check if any food or bottled water product was recalled

Type of item recalled:

Comments:

**Reporting Agency**

Agency name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Contact name: \_\_\_\_\_ Phone no.: \_\_\_\_\_  
 Contact title: \_\_\_\_\_ Fax no.: \_\_\_\_\_

**General Remarks** *Briefly describe important aspects of the outbreak not covered above. Please indicate if any adverse outcomes occurred in special populations (e.g., pregnant women, immunocompromised persons)*

**Water - General section**

**Type of Water Exposure** (Check ONE box)

- Treated recreational water (e.g., in manufactured venues such as pools, spas/whirlpools, hot tubs, spray pads, at-home kiddie pools)
- Untreated recreational water (e.g., water in natural venues such as a freshwater lakes, hot springs, marine beaches/oceans)
- Drinking water in public or individual water systems (e.g., municipal system, private well, commercially-bottled water, water kiosk), regardless of the exposure pathway (i.e., not limited to ingestion).
- Other water (e.g., cooling/industrial, water reuse, irrigation, occupational, decorative/display; includes water consumed from sources such as back-country streams)
- Unknown water uses (i.e., the intended purpose or use of the water is unknown or the water exposure category could not be determined)

**Epidemiologic Data**

- Estimated total number of persons with primary water exposure: \_\_\_\_\_
- Were data collected from comparison groups to estimate risk?  Yes (specify in table below)  No  Unknown  
 If **No** or **Unknown**, was water the common source shared by persons who were ill?  Yes  No  Unknown

Exposure in epidemiologic investigation <i>(e.g., pool, waterpark, hot spring, well water)</i>	Total # Exposed (A)	# Ill Exposed (B)	Total # Not Exposed	# Ill Not Exposed	Attack Rate (%) (B/A)	Odds Ratio	Relative Risk	p-Value <i>(provide exact value)</i>	95% Confidence Interval

Attack rate for residents of reporting state: \_\_\_\_\_ %      Attack rate for non-residents of reporting state: \_\_\_\_\_ %

**Geographic Location**

**Symptoms/Conditions**

**Route of Entry**

Percent of ill persons (primary cases) living in reporting state: \_\_\_\_\_ %

**For each category, indicate the # of ill persons (primary cases) with:**

**Associated Events**

Was exposure associated with a specific event or gathering?

- Yes    No    Unknown

If **Yes**, what type of event or gathering was involved?

\_\_\_\_\_

If outbreak occurred during a defined event, dates of event:

Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
 (mm/dd/yyyy)                      (mm/dd/yyyy)

Gastrointestinal symptoms/ conditions \_\_\_\_\_

Ingestion

Respiratory symptoms/ conditions \_\_\_\_\_

Contact

Skin symptoms/conditions \_\_\_\_\_

Inhalation

Ear symptoms/conditions \_\_\_\_\_

Other, specify: \_\_\_\_\_

Eye symptoms/conditions \_\_\_\_\_

Neurologic symptoms/ conditions \_\_\_\_\_

Unknown

Wound infections \_\_\_\_\_

Other, specify (e.g., hepatitis A, leptospirosis): \_\_\_\_\_

**Water-Etiology & Lab**

**Outbreak Etiology** (Report the confirmed and/or suspected etiological agent(s) here, even if no clinical specimens were tested)

Confirmed as Etiology?	Genus/ Chemical/ Toxin	Species	Serotype/ Serogroup/ Serovar	Genotype/ Subtype	Detected In* <i>(list all that apply)</i>	Total # People Tested	Total # People Positive
<input type="checkbox"/> Yes							
<input type="checkbox"/> Yes							
<input type="checkbox"/> Yes							
<input type="checkbox"/> Yes							
<input type="checkbox"/> Yes							
<input type="checkbox"/> Yes							
<input type="checkbox"/> Yes							
<input type="checkbox"/> Yes							
<input type="checkbox"/> Yes							

\* 1-Clinical Specimens, 2-Water Samples, 3-Clinical Specimens & Water Samples, 4-Other (describe in the general remarks), 5-Unknown, 6-None

**Outbreak Isolates** (Links data about molecular characterization across multiple systems. For each pathogen, provide a representative for each distinct molecular designation)

Which CDC system contains this isolate profile? (e.g., PulseNet, CaliciNet)	CDC Lab System Outbreak Number (e.g., PulseNet tracking number)	State Lab ID (i.e., Lab tracking number)	Molecular Designation 1	Molecular Designation 2

**Clinical Specimens**

1. Were clinical diagnostic specimens taken from persons?  Yes  No  Unknown

If **Yes**, from how many persons were specimens taken? \_\_\_\_\_

Specimen Type <sup>†</sup>	Specimen Subtype <sup>§</sup>	Tested for <sup>¶</sup> (list all that apply)

<sup>†</sup> Specimen Type: 1- Autopsy Specimen (specify subtype), 2-Biopsy (specify subtype), 3-Blood, 4-Bronchial Alveolar Lavage (BAL), 5-Cerebrospinal Fluid (CSF), 6-Conjunctiva/Eye Swab, 7-Ear Swab, 8-Endotracheal Aspirate, 9-Saliva, 10-Serum, 11-Skin Swab, 12-Sputum, 13-Stool, 14-Urine, 15-Vomitus, 16-Wound Swab, 17-Other (describe in the general remarks), 18-Unknown

<sup>§</sup> Specimen Subtype: 1-Bladder, 2-Brain, 3-Dura, 4-Hair, 5-Intestine, 6-Kidney, 7-Liver, 8-Lung, 9-Nails, 10-Skin, 11-Stomach, 12-Wound, 13-Other, 14-Unknown

<sup>¶</sup> Tested for: 1-Bacteria, 2-Chemicals/Toxins, 3-Fungi, 4-Parasites, 5-Viruses, 6-Other (describe in general remarks), 7-Unknown

**Test Types** (Select all test types used for clinical specimens)

- Culture
- DNA or RNA Amplification/Detection (e.g., PCR, TR-PCR)
- Microscopy (e.g., fluorescent, EM)
- Serological/Immunological Test (e.g., EIA, ELISA)
- Other (describe in the general remarks)
- Phage Typing
- Chemical Testing
- Tissue Culture Infectivity Assay
- Unknown



