

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

State Report ID CDC Report ID

							OMB N	n Approved lo. 0920-0004	
General Section									
Primary Mode of Transmission (Check one	e)								
■ Food (Complete CDC 52.13)	■ Pe	Person-to-person (Complete CDC 52.13)							
□ Water (Complete the tabs for General, Water-Genetiology & Lab, Water Samples and the type of wa			Environmental contamination other than food/water (Complete CDC 52.13)						
■ Animal contact (Complete CDC 52.13)		■ Ot	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 □ Comments □ Treated or untreated recreational water venue assessment □ Investigation at original source (e.g., farm, water source, etc □ Food product or bottled water traceback □ Environment/food/water sample testing □ Other								-	
Dates (mm/dd/yyyy)									
Date first case became ill (required)				Date	last case h	ecame ill			
Date of initial exposure				Date		osure			
Date of report to CDC (other than this form)									
Date of notification to State/Territory or Local/Tr									
Geographic Location									
Reporting state: □Exposure occurred in multiple states □Exposure occurred in a single state but ca									
Reporting county: □Exposure occurred in multiple counties in □Exposure occurred in a single county but of Other counties:	cases resid		ounties in repo	orting state					
City/Town/Place of exposure:	.,								
Do not include pro	oprietary o	r private facility n	names						
Number of primary cases				Sex (Numb	er or percer	nt 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	Mag (Number or percent of the primary ecose)						
Died	#	#	<1 year	#	%	20-49 years	#	%	
Hospitalized	#	#	1-4 years	#	%	50-74 years	#	%	
Visited Emergency Room	#	#	5–9 years	#	%	≥ 75 years	#	%	
Visited health care provider (excluding ER visits)	#	#	10-19 years	#	%	Unknown	#	%	
								1	

Incubation Period, Duration	on of Illness, Signs o	or Symptoms	for Primary C	ases only						
Incubation Period (Select a	ppropriate units)		Duration o	of Illness (Among recovered cas	es-select ap	propriate units)				
Shortest		Min, Hours, Days	Shortest		Mi	n, Hours, Days				
Median		Min, Hours, Days	Median		Mi	n, Hours, Days				
Longest		Min, Hours, Days	Longest		Mi	n, Hours, Days				
Total # of cases for whom info i	s available		_	es for whom info is available						
☐ Unknown incubation period			□ Unknown c	luration of illness						
Signs or Symptoms										
Feature		# Cases with sig	ns or symptoms	Total # cases for who	m info avail	able				
Vomiting										
Diarrhea										
Bloody stools										
Fever										
Abdominal cramps										
HUS										
Asymptomatic										
Secondary Cases Mode of Secondary Transmission	(Check all that apply)		Number of Se	econdary Cases						
			Lob confirm	Lab-confirmed secondary cases						
□ Food □ Water			Lab-confirr	ned secondary cases		#				
☐ Animal contact			Probable s	econdary cases		#				
☐ Person-to-person			Estimated	total secondary cases		#				
☐ Environmental contaminatio☐ Other/Unknown			Estimated	Estimated total cases (Primary + Secondary)						
Environmental Health Spe	ecialists Network (#	applicable)								
EHS-Net Evaluation ID: 1.) _		2)	3)	4.)						
•		•	0.)	1.)						
Traceback (For food and bottl		water)								
☐ Please check if traceback con										
Source name (if publicly available)	Source type (e.g. poultry farm, tomato		n of source	Traceback Comments						
(ii publicly available)	processing plant, bottled	State	Country							
	water factory)									
Recall										
☐ Please check if any food or b	ottled water product was	s recalled								
Type of item recalled:										
Comments:										
Reporting Agency										
Agency name:			_ E-mail:							
Contact name:			_ Phone no.:							
Contact title:			_ Fax no.: _							
				e. Please indicate if any adverse out	lcomes occu	ırred in special				
populat	lions (e.g., pregnant wome	en, immunocompr	omised persons)							

Water-General

Water - General section Type of Water Exposure (Check	ONF box)											
☐ Treated recreational water (e.g., in		ured venu	es such as i	nools spas	whirlpools	hot tubs	snrav nads	at-home k	kiddie	nools)		
☐ Untreated recreational water (e.g.				•	•					p = 0.0,		
, ,									,	-1-2		
□ 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/industr back-country streams)	ial, water re	euse, irriga	ation, occup	ational, dec	orative/disp	olay; inclu	udes water co	onsumed f	rom s	ources such as		
$\ \square$ Unknown water uses (i.e., the inter-	ended purp	ose or use	e of the wate	er is unknov	n or the wa	ater expo	sure categor	y could no	ot be c	letermined)		
Epidemiologic Data												
1. Estimated total number of perso	ns with prir	mary wate	r exposure:									
2. Were data collected from compa	_	-		□ Yes (spe	cify in table	e below)	□No		[□ Unknown		
If No or Unknown , was wate shared by persons who w		mon sourc	ce	□ Yes			□No		□ Unknown			
Exposure in epidemiologic investigation (e.g., pool, waterpark, hot spring, well water)	Total # Exposed (A)	# III Exposed (B)	Total # Not Exposed	# III Not Exposed	Attack Rate (%) (B/A)	Odds Ratio	Relative Risk	p-Value (provide e value)	exact	95% Confidence Interval		
Attack rate for residents of repor	ting state:	:	%	Attack	ate for no	n-reside	nts of repor	ting state:	:	%		
Geographic Location					Symp	toms/C	onditions		Ro	ute of Entry		
Percent of ill persons (primary cas	es) living ir	n reporting	j state:	%			gory, indica s (primary ca					
Associated Events					Gastro		symptoms/			Ingestion		
Was exposure associated with a sp ☐ Yes ☐ No ☐ Un	ecific even known	nt or gathe	ring?			atory sym	nptoms/		- □ Contact			
If Yes, what type of event or gather	ing was inv	olved?			Skin sy	Skin symptoms/conditions				☐ Inhalation		
Ear symptoms/conditions										-		
					Eye sy	Eye symptoms/conditions				☐ Other, specify:		
If outbreak occurred during a define	ad event d	ates of ev	ent·		Neurol condition	ogic sym ons	ptoms/			Unknown		
-					Wound	I infection	ns					
Start date: E (mm/dd/yyyy)	End date: _	(mm/do				specify (e is A, lepto	e.g., ospirosis):					

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	Wa	ater-Etiology & Lab							
Outbreak	K Etiology (Papart th	a confirmed and/o	or suspector	d etiological agent(s) here	oven if ne clir	nical spac	imone we	uro tostad)	
Confirmed as Etiology?	Genus/ Chemical/ Toxin		or suspecied	Serotype/ Serogroup/ Serovar	_	ıbtype De	tected In*	Total # People Tested	Total # Peopl Positive
☐ Yes						Li Tut	. црргу)		
☐ Yes									
☐ Yes									
☐ Yes									
☐ Yes									
☐ Yes									
☐ Yes									
☐ Yes									
* 1-Clinical Spe	cimens, 2-Water Samples, 3-Clin	nical Specimens & Wate	r Samples, 4-0t	 ther (describe in the general remark	ks), 5-Unknown, 6-N	one			
		about molecular o	characteriza	tion across multiple system	ms. For each p	athogen, _l	orovide a	representative	for each
Which CDC s	le? (e.g., PulseNet,	CDC Lab System O Number (e.g., Pulsel tracking number)		State Lab ID (i.e., Lab tracking number)	Mole	cular Des	ignation 1	Molecular	Designation 2
Olivinal	3								
Cillical	Specimens								
1. Were o	clinical diagnostic speci	imens taken from	persons?	□ Yes □ No □ Unkno	own				
If	Yes, from how many pe	ersons were spec	imens take	n?					
Specimen Ty	уре [†]		Specimen S	ubtype§	Testo	ed for¶ (lis	t all that a	pply)	
7-Ear Swab, 8-E	Endotracheal Aspirate, 9-Saliva,	10-Serum, 11-Skin Swab	, 12-Sputum, 13	, 3-Blood, 4-Bronchial Alveolar Lav 3-Stool, 14-Urine, 15-Vomitus, 16-Wo 8-Lung, 9-Nails, 10-Skin, 11-Stomacl	ound Swab, 17-Othe	r (describe in	the general	onjunctiva/Eye Swal remarks), 18-Unkno	o, own
				describe in general remarks), 7-Unk					
Test Type	es (Select all test types	s used for clinical	specimens)						
□ Culture			-	☐ Phage Typing					
□ DNA or	RNA Amplication/Dete	ction (e.g., PCR,	TR-PCR)	☐ Chemical Testing					
□Microsc	opy (e.g., fluorescent, E	ΞM)	1	☐ Tissue Culture Infectivit	ty Assay				
□ Serolog	ical/Immunological Tes	t (e.g., EIA, ELISA	A) [□ Unknown					
□ Other (c	describe in the general	remarks)							

			Water	oa	ilipies				
	Samples (Provide repres	entative da	ata about water	qua	ality testing, chemical or p	athogen testing.	Additional	sample data	can be described in
Was wa	ater tested? Yes (sp	ecify in ta	ble below) 🗆	⊐ N	lo □ Unknown				
Results									
Sample N	lumber		1		2	3		4	5
Source of (e.g., swi	f Sample imming pool, lake)								
	al Description e of day, location of sample c	ollection)							
Date (m	m/dd/yyyy)	· ·							
Volume 1	ested	Number Unit							
Tempera	huro	Number							
Tompora	au o	Unit							
	/Free Disinfectant Level and combined disinfectant	Number							
levels giv	en, total - combined = free)	Unit							
	d Disinfectant Level	Number							
given, tota	al - free = combined)	Unit							
рН									
Turbidity	(NTU)								
Water S	Samples - Water Quali	ty Indica	ators (Might no	ot b	e applicable for treated re	creational water	samples)		
Sample Number	Type (e.g., fecal coliforms)				Concentration (numerical v	value)	Unit		
Water	Samples - Microbiolo	av or Ch	emical/Toxin	ı A	nalvsis (Provide both p	ositive and nega	tive test res	ults)	
Sample Number	Genus/ Chemical/ Toxin	Speci			rotype/ Serogroup/ Serovar			PFGE Patte	ern
Sample Number	Test Results Positive?		entration erical value)	Un	it	Test Type*			d (reference: National ntal Methods Index: nemi.gov)
	☐ Yes								
	☐ Yes								
	☐ Yes								
	☐ Yes								
	☐ Yes								
	☐ Yes								
	☐ Yes					1			
	☐ Yes								
* Test Type:	1-Culture, 2-DNA or RNA Amplificat	ion/Detection	(e.g., PCR, RT-PCR),	3-Mi	croscopy (e.g., fluorescent, EM), 4-	Serological/Immunolo	gical Test (e.g.,	EIA, ELISA), 5-PI	hage Typing,
6-Chemical	Testing, 7-Tissue Culture Infectivity	Assay, 8-Othe	r (describe in the gei	neral	remarks), 9-Unknown				

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Other or Unknown Water										
Intent for Use										
What was the intended use f	for the implicated water? (check all the	at apply)								
☐ Cooling/Air Conditioning (e.g., cooling tower, swamp cooler) ☐ Industrial/Occupational (e.g., steam cleaner)										
☐ Mister (e.g., produce in grocery store, public cooling system) ☐ Agricultural Irrigation										
☐ Ornamental (e.g., a decora		□ Waste water								
intended for public display										
	and not designed for swimining	☐ Other (specify):								
or recreational use)		□ Unknown								
Implicated Water - Water Description										
Water Type	e Setting of Exposure USUAL Water Treatment Provided Water Treatment Subt									
(e.g., cooling tower; drainage ditch;	(e.g., airport; hospital/health care facility,	(e.g., no treatment; disinfection;	(disinfection or filtrati							
fountain- ornamental)	nursing home; park- state park)	settling/sedimentation)	chlorine; rapid sand	filter; reverse						
			osmosis)							
Factors Contributing to Co	ontamination and/or Increased Exp	oosure to Contaminated Water								
Contributing Factors (Check all th	nat apply)*		Documented/	Suspected [†]						
Contributing Factors (Check air ar	αι αρριγ)		Observed [†]							
Cooling tower/evaporative conden	ser – shutdown for >3 days without draining to	waste								
-	ser – lack of a maintenance program									
	ser – lack of a qualified water quality specialist									
	ser – presence of scale or corrosion									
Cooling tower/evaporative conden	ser - presence of dirt, organic matter, or other	debris in the cold water basin								
Cooling tower/evaporative conden	ser – absence of drift eliminators									
	ser – presence of damaged drift eliminators									
	ser – history of recent repairs to the device									
	ser – siting of device near building air intakes									
	ser – siting of device near windows that can be									
or other sources of organic matter	ser – siting of device in immediate area of kitch	nen exhaust fans, live plants, truck bays,								
-	ser – construction on the premises of the device	ce within 6 months before the index case								
-	ser - construction within 100 meters of the pre									
before the index case										
Ornamental fountain – presence o										
	ritten cleaning and maintenance program of dirt, organic matter, or other debris in the wat	or booin								
	s an ornamental fountain but utilized as an inte									
Ornamental fountain – inadequate		ractive fourtain								
Ornamental fountain – inadequate										
Broken/damaged sewer pipe										
Recycling of water										
Water temperature ≥30°C (≥86°F)										
Other, specify:										
Unknown										
* Only check off what was found during inve	stigation.									
† "Documented/Observed" refers to information gathered through document reviews, direct observations, and/or interviews. "Suspected" refers to factors that probably occurred but for which no documentation (as defined previously) is available.										
Remarks										
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