

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Surveillance and Statistics Section
MS 7306, P.O. Box 997377
Sacramento, CA 95899-7377

CDC NORS-WATERBORNE DISEASE OUTBREAK REPORT FORM

Water Not Intended for Drinking (excluding Recreational Water) or Water of Unknown Intent

<p>Local ID Number: _____</p> <p><i>Please use the same ID Number on preliminary and final reports to allow linkage to the same outbreak.</i></p> <p>Report Status (check one)</p> <p><input type="checkbox"/> Preliminary <input type="checkbox"/> Final</p>
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This report form should only be used to report waterborne disease outbreaks associated with water that NOT intended for drinking (excluding recreational water) or water of unknown intent. To report outbreaks associated with other types of water, please go to <http://www.cdph.ca.gov/pubsforms/forms/Pages/CD-Report-Forms.aspx#outbreak> and complete the outbreak form for one of the other types of water:

- Recreational Water – Treated
- Recreational Water – Untreated
- Water Intended for Drinking (Drinking Water)

Please submit the completed report form to the Surveillance & Statistics Section by mail through your communicable disease reporting staff. Jurisdictions participating in CalREDIE should enter outbreak information directly into the CalREDIE forms.

If you have any questions, please contact IDB-SSS at IDB-SSS@cdph.ca.gov.

Note: This form includes only the pages from the complete NORS Waterborne Outbreak Report form that apply to outbreaks associated with water not intended for drinking (excluding recreational water) or water of unknown intent; therefore pages 5 through 12 were omitted.



National Outbreak Reporting System

Waterborne Disease Transmission



This form is used to report waterborne disease outbreak investigations. This form has 6 parts, indicated by tabs at the top of each page. Part 1 asks for the minimum or basic information about the outbreak investigation. Part 2 asks for epidemiological data and clinical specimen test results. Parts 3, 4, 5 and 6 collect information about types of water exposure (treated recreational water, untreated recreational water, drinking water, and water not intended for drinking/unknown intent). Only 1 of these 4 water exposure parts should be completed for an outbreak investigation report.

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)

Person-to-person (Complete CDC 52.13)

Water (Complete tabs for General, Water-General and type of water exposure)

Environmental contamination other than food/water (Complete CDC 52.13)

Animal contact (Complete CDC 52.13)

Indeterminate/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 (estimated percent of the primary cases)				
# Lab-confirmed cases		Male		%		
# Probable cases		Female		%		
# Estimated total primary cases						
	# Cases	Total # of cases for whom info is available	Approximate percent of primary cases in each age group			
# 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	%

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

Incubation Period <i>(select appropriate units)</i>			Duration of Illness <i>(among recovered cases-select appropriate units)</i>		
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		
Unknown incubation period			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 <i>(check one)</i>	Number of Secondary Cases	
Food Water Animal contact Person-to-person Environmental contamination other than food/water Indeterminate/Other/Unknown	# Lab-confirmed secondary cases	
	# Probable secondary cases	
	Estimated total secondary ill	
	Total # of cases (Primary + Secondary)	

Environmental Health Specialists Network *(if applicable)*

EHS-Net Evaluation ID: 1.) _____ 2.) _____ 3.) _____

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		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: _____ Contact title: _____
 Phone no.: _____ Fax no.: _____

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)*

Waterborne Disease and Outbreaks - General

Type of Water Exposure (check ONE box)

Water intended for recreational purposes – treated venue (e.g., pool, spa/whirlpool/hot tub, spray pad)	Water intended for recreational purposes – untreated venue (e.g., freshwater lake, hot spring, marine beach)	Water intended for drinking (includes water used for bathing/showering)	Water not intended for drinking or water of unknown intent (e.g., cooling/industrial, occupational, decorative/display)
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Geographic Location Symptoms Route of Entry

Percent of primary cases living in reporting state : _____ %	For each category, indicate # of persons with: Gastrointestinal symptoms/ conditions _____ Respiratory symptoms/ conditions _____ Skin symptoms/conditions _____ Ear symptoms/conditions _____ Eye symptoms/conditions _____ Neurologic symptoms/ conditions _____ Wound infections _____ Other, specify (e.g., hepatitis A, leptospirosis): _____ _____	Ingestion Contact Inhalation Other, specify: _____ Unknown
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)		

Epidemiologic Data

1. Estimated total number of persons with primary exposure: _____

2. Were data collected from comparison groups to estimate risk? Yes (specify in table below) No Unknown
 If **No** or **Unknown**, was water the only common source shared by persons who were ill? Yes No Unknown

Exposure (Vehicle/Setting) <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:** _____ %

Clinical Specimens - Laboratory Results *(refer to the laboratory findings from the outbreak investigation)*

1. Were clinical diagnostic specimens taken from persons? Yes No *(go to next tab)* Unknown *(go to next tab)*

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

Specimen Type*	Specimen Subtype**	Tested for § <i>(list all that apply)</i>

* Specimen Type: 1- Autopsy Specimen (specify subtype), 2-Biopsy (specify), 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-Vomit, 16-Wound Swab, 17-Unknown

** 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

§ Tested for: 1-Bacteria, 2-Chemicals/Toxins, 3-Fungi, 4-Parasites, 5-Viruses

Report the confirmed and/or suspected etiological agent(s) in the table below..

Clinical Specimen Row Number	Genus/ Chemical/ Toxin	Species	Serotype/ Serogroup/ Serovar	Genotype/ Subtype
1				
2				
3				
4				

Clinical Specimen Row Number	Confirmed as Etiology ?	Concentration <i>(numerical value)</i>	Unit	Specimen Type *	Specimen Subtype **
1	Yes				
2	Yes				
3	Yes				
4	Yes				

Clinical Specimen Row Number	Test Type §	Total # People Tested	Total # People Positive
1			
2			
3			
4			

* Specimen Type: 1- Autopsy Specimen (specify subtype), 2-Biopsy (specify), 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-Vomit, 16-Wound Swab, 17-Unknown

** 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

§ Test Type: 1-Culture, 2-DNA or RNA Amplification/Detection (e.g., PCR, RT-PCR), 3-Microscopy (e.g., fluorescent, EM), 4-Serological/Immunological Test (e.g., EIA, ELISA), 5-Phage Typing, 6-Chemical Testing, 7-Tissue Culture Infectivity Assay

Isolates

State Lab Isolate ID	Specimen Profile 1 <i>(e.g., the PFGE, MLVA, or genotype sequence)</i>	Specimen Profile 2 <i>(e.g., the PFGE, MLVA, or genotyping method used)</i>

Water Not Intended for Drinking or Water of Unknown Intent (WNID/WUI)

Intent for Use

What was the intended use for the implicated water? (check all that apply)

- Cooling/Air Conditioning (e.g., cooling tower, swamp cooler)
- Mister (e.g., produce in grocery store, public cooling system)
- Ornamental (e.g., a decorative non-interactive fountain intended for public display and not designed for swimming or recreational use)
- Industrial/Occupational (e.g., steam cleaner)
- Agricultural Irrigation
- Waste water
- Other (specify): _____
- Unknown

Water Description

Water Type <i>(e.g., cooling tower; drainage ditch; fountain- ornamental)</i>	Setting of Exposure <i>(e.g., airport; hospital/ health care facility, nursing home; park- state park)</i>	USUAL Water Treatment Provided <i>(e.g., no treatment; disinfection; settling/sedimentation)</i>	Water Treatment Subtype <i>(disinfection or filtration: e.g., boiling; chlorine; rapid sand filter; reverse osmosis)</i>

Laboratory Section - Water Not Intended for Drinking of Water of Unknown Intent

Was the implicated water tested? Yes (specify in table below) No Unknown

Results		1	2	3	4	5
Sample						
Source of Sample						
Additional Description <i>(e.g., time of day, specific location, etc.)</i>						
Date <i>(mm/dd/yyyy)</i>						
Volume Tested	Number					
	Unit					
Temperature	Number					
	Unit					
Residual/Free Disinfectant Level <i>(if total and combined disinfectant levels given, total - combined = free)</i>	Number					
	Unit					
Turbidity (NTU)						
pH						

Water Quality Indicator

Sample Number	Type <i>(e.g., fecal coliforms)</i>	Concentration <i>(numerical value)</i>	Unit

Microbiology or Chemical/Toxin Analysis (refer to the laboratory findings from the outbreak investigation)

Sample Number	Genus/ Chemical/ Toxin	Species	Serotype/ Serogroup/ Serovar	Genotype/ Subtype	PFGE Pattern
Sample Number	Test Results Positive?	Concentration (numerical value)	Unit	Test Type*	Test Method (reference: National Environmental Methods Index: http://www.nemi.gov)
	Yes				
	Yes				
	Yes				
	Yes				

* Test Type: 1-Culture, 2-DNA or RNA Amplification/Detection (e.g., PCR, RT-PCR), 3-Microscopy (e.g., fluorescent, EM), 4-Serological/Immunological Test (e.g., EIA, ELISA), 5-Phage Typing, 6-Chemical Testing, 7-Tissue Culture Infectivity Assay

Factors Contributing to Contamination and/or Increased Exposure to Contaminated Water

Factors (check all that apply)*	Documented/ Observed**	Suspected**
Cooling tower/evaporative condenser – shutdown for >3 days without draining to waste	<input type="checkbox"/>	<input type="checkbox"/>
Cooling tower/evaporative condenser – lack of a maintenance program	<input type="checkbox"/>	<input type="checkbox"/>
Cooling tower/evaporative condenser – lack of a qualified water quality specialist	<input type="checkbox"/>	<input type="checkbox"/>
Cooling tower/evaporative condenser – presence of scale or corrosion	<input type="checkbox"/>	<input type="checkbox"/>
Cooling tower/evaporative condenser – presence of dirt, organic matter, or other debris in the cold water basin	<input type="checkbox"/>	<input type="checkbox"/>
Cooling tower/evaporative condenser – absence of drift eliminators	<input type="checkbox"/>	<input type="checkbox"/>
Cooling tower/evaporative condenser – presence of damaged drift eliminators	<input type="checkbox"/>	<input type="checkbox"/>
Cooling tower/evaporative condenser – history of recent repairs to the device	<input type="checkbox"/>	<input type="checkbox"/>
Cooling tower/evaporative condenser – siting of device near building air intakes	<input type="checkbox"/>	<input type="checkbox"/>
Cooling tower/evaporative condenser – siting of device near windows that can be opened	<input type="checkbox"/>	<input type="checkbox"/>
Cooling tower/evaporative condenser – siting of device in immediate area of kitchen exhaust fans, live plants, truck bays, or other sources of organic matter	<input type="checkbox"/>	<input type="checkbox"/>
Cooling tower/evaporative condenser – construction on the premises of the device within 6 months before the index case	<input type="checkbox"/>	<input type="checkbox"/>
Cooling tower/evaporative condenser – construction within 100 meters of the premises of the device within 6 months before the index case	<input type="checkbox"/>	<input type="checkbox"/>
Ornamental fountain – presence of submerged lighting	<input type="checkbox"/>	<input type="checkbox"/>
Ornamental fountain – lack of a written cleaning and maintenance program	<input type="checkbox"/>	<input type="checkbox"/>
Ornamental fountain – presence of dirt, organic matter, or other debris in the water basin	<input type="checkbox"/>	<input type="checkbox"/>
Broken/damaged sewer pipe	<input type="checkbox"/>	<input type="checkbox"/>
Recycling of water	<input type="checkbox"/>	<input type="checkbox"/>
Water temperature $\geq 30^{\circ}\text{C}$ ($\geq 86^{\circ}\text{F}$)	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>

* Only check off what was found during investigation.

** “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

Epidemic and laboratory assistance for the investigation of a waterborne disease outbreak is available upon request by the State Health Department to the Centers for Disease Control and Prevention. Please enter this report into the National Outbreak Reporting System (NORS). State/Local investigation reports and questionnaires can also be attached to the report in the electronic system. Communications and requests for epidemic and laboratory assistance may be directed to: Waterborne Disease and Outbreak Surveillance Coordinator, Division of Parasitic Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases, Coordinating Center for Infectious Diseases, CDC 4770 Buford Highway, NE, MS F-22, Atlanta, GA, 30341-3724 or (770) 488-7775

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-