CDC NORS-WATERBORNE DISEASE OUTBREAK REPORT FORM

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

Local ID Number: __________________

Please use the same ID Number on preliminary and final reports to allow linkage to the same outbreak.

Report Status (check one)
☐ Preliminary  ☐ Final

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. It 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.

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

# Lab-confirmed cases
# Probable cases
# Estimated total primary cases

Sex (estimated percent of the primary cases)

Click "Calculate Sex Percentages" if you enter count data.

Male
Female

# Cases

Total # of cases for whom info is available

Approximate percent of primary cases in each age group

# Died
# Hospitalized
# Visited Emergency Room
# Visited health care provider (excluding ER visits)
### Incubation Period, Duration of Illness, Signs or Symptoms for Primary Cases only

<table>
<thead>
<tr>
<th>Incubation Period (select appropriate units)</th>
<th>Duration of Illness (among recovered cases-select appropriate units)</th>
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<tbody>
<tr>
<td>Shortest</td>
<td>Shortest</td>
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<tr>
<td>Median</td>
<td>Median</td>
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<tr>
<td>Longest</td>
<td>Longest</td>
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</tbody>
</table>

| 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

<table>
<thead>
<tr>
<th>Feature</th>
<th># Cases with signs or symptoms</th>
<th>Total # cases for whom info available</th>
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</thead>
<tbody>
<tr>
<td>Vomiting</td>
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<td>Diarrhea</td>
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<td>Bloody stools</td>
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<td>Fever</td>
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<td>Abdominal cramps</td>
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<td>HUS</td>
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<td>Asymptomatic</td>
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</table>

### Secondary Cases

#### Mode of Secondary Transmission (check one)

- Food
- Water
- Animal contact
- Person-to-person
- Environmental contamination other than food/water
- Indeterminate/Other/Unknown

#### Number of Secondary Cases

- # 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

<table>
<thead>
<tr>
<th>Source name (If publicly available)</th>
<th>Source type (e.g., poultry farm, tomato processing plant, bottled water factory)</th>
<th>Location of source</th>
<th>Comments</th>
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<tr>
<td></td>
<td></td>
<td>State</td>
<td>Country</td>
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</tbody>
</table>

### 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)

#### Geographic Location

Percent of primary cases living in reporting state: ________%

#### 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)

#### Symptoms

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: ________
- Other infections (e.g., hepatitis A, leptospirosis): ________

#### Route of Entry

- [ ] Ingestion
- [ ] Contact
- [ ] Inhalation
- [ ] Other, specify: ____________________
- [ ] Unknown

#### 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

   If No or Unknown, was water the only common source shared by persons who were ill?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown

#### Exposure (Vehicle/Setting)

<table>
<thead>
<tr>
<th>(e.g., pool—waterpark; hot spring; well water)</th>
<th>Total # Exposed (A)</th>
<th># III Exposed (B)</th>
<th>Total # Not Exposed</th>
<th># III Not Exposed</th>
<th>Attack Rate (%) (B/A)</th>
<th>Odds Ratio</th>
<th>Relative Risk</th>
<th>p-Value (provide exact value)</th>
<th>95% Confidence Interval</th>
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- 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? ________________

<table>
<thead>
<tr>
<th>Specimen Type*</th>
<th>Specimen Subtype**</th>
<th>Tested for § (list all that apply)</th>
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</table>

* 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-Vomitus, 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.

<table>
<thead>
<tr>
<th>Clinical Specimen Row Number</th>
<th>Genus/ Chemical/ Toxin</th>
<th>Species</th>
<th>Serotype/ Serogroup/ Serovar</th>
<th>Genotype/ Subtype</th>
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<tr>
<th>Clinical Specimen Row Number</th>
<th>Confirmed as Etiology ?</th>
<th>Concentration (numerical value)</th>
<th>Unit</th>
<th>Specimen Type *</th>
<th>Specimen Subtype **</th>
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<tr>
<td>1</td>
<td>Yes</td>
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<td>4</td>
<td>Yes</td>
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<thead>
<tr>
<th>Clinical Specimen Row Number</th>
<th>Test Type §</th>
<th>Total # People Tested</th>
<th>Total # People Positive</th>
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<tbody>
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<td>1</td>
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** 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

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

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

<table>
<thead>
<tr>
<th>Source of Sample</th>
<th>Additional Description (e.g., time of day, specific location, etc.)</th>
<th>Date (mm/dd/yyyy)</th>
<th>Volume Tested (Unit)</th>
<th>Temperature (Unit)</th>
<th>Residual/Free Disinfectant Level (Unit)</th>
<th>Turbidity (NTU)</th>
<th>pH</th>
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### Water Quality Indicator

<table>
<thead>
<tr>
<th>Sample Number</th>
<th>Type (e.g., fecal coliforms)</th>
<th>Concentration (numerical value) (Unit)</th>
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</table>
Factors Contributing to Contamination and/or Increased Exposure to Contaminated Water

Factors (check all that apply)*

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

* 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