



Fax completed form to DOH
 Communicable Disease
 Epidemiology
 Fax: 206-418-5515

Date of initial notification to DOH:

___/___/___

Date report sent to DOH: ___/___/___

LHJ Cluster #: _____

LHJ Cluster Name: _____

DOH outbreak #: _____

NORS #: _____

Outbreak Reporting Form – Water

Disease

Form Status

- Preliminary report; in progress
 Final report

REPORTING LOCAL HEALTH JURISDICTION INFORMATION

Local health jurisdiction (LHJ) _____

Contact person _____

Contact person phone (____) ____-_____

Lead agency _____

Initial LHJ notification date & time ___/___/___ _____ am/pm

Mode of notification _____
 (E.g. school, daycare, lab report, etc.)

Investigation start date & time ___/___/___ _____ am/pm

Investigation completion date ___/___/___

INVESTIGATION METHODS (check all that apply)

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

If applicable, attach further information about investigative activities and tools (e.g. epidemic curves, questionnaires, case definitions)

Comments

DATES (mm/dd/yyyy)

Date first case became ill: ___/___/___

Date last case became ill: ___/___/___

Date of initial exposure: ___/___/___

Date of last exposure: ___/___/___

GEOGRAPHIC LOCATION

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

Please list LHJs involved:

City/Town/Place of Exposure: _____

PRIMARY CASES

Number of Primary Cases	Sex (estimated % of the primary cases)			
	# Lab-confirmed cases	# Probable cases	# Estimated total primary ill	
	Male			%
	Female			%
	# cases	Total # for whom info is available	Approx % of primary cases by age	
# Died			<1 yr	%
# Hospitalized			20-49 yrs	%
# Visited emergency room			1-4 yrs	%
# Visited health care provider (excluding ER visits)			5-9 yrs	%
			≥75 yrs	%
			10-19 yrs	%
			Unknown	%

INCUBATION PERIOD (PRIMARY CASES ONLY)

DURATION OF ILLNESS (PRIMARY CASES ONLY)

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 or whom info available		Total # of cases or whom info available	
<input type="checkbox"/> Unknown incubation period		<input type="checkbox"/> Unknown duration of illness	

SIGNS OR SYMPTOMS (PRIMARY CASES ONLY)						
Category	# cases with signs or symptoms	Total # cases for whom info available				
Gastrointestinal symptoms						
Respiratory symptoms						
Skin symptoms						
Ear symptoms						
Eye symptoms						
Neurologic symptoms						
Wound infections						
Other: _____						
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"/> Indeterminate/Other/Unknown				# Lab-confirmed secondary cases		
				# Probable secondary cases		
				Total # secondary cases		
				Total # cases (Primary + Secondary)		
TOTAL CASES (PRIMARY AND SECONDARY):						
LABORATORY						
Etiology known? <input type="checkbox"/> Yes <input type="checkbox"/> No If etiology is unknown, were patient specimens collected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many specimens collected? (provide numeric value) _____ What were they tested for? (check all that apply) <input type="checkbox"/> Bacteria <input type="checkbox"/> Chemicals/Toxins <input type="checkbox"/> Viruses <input type="checkbox"/> Parasites						
Genus	Species	Serotype	Confirmed outbreak etiology	Other characteristics	Detected in*	# Lab- confirmed cases
			<input type="checkbox"/> Yes			
			<input type="checkbox"/> Yes			
*Detected in (choose all that apply) 1 – patient specimen 2 – food specimen 3 – environment specimen 4 – food worker specimen						
DOH USE ONLY:						
WATER-SPECIFIC DATA						
<input type="checkbox"/> Recreational water, treated <input type="checkbox"/> Recreational water, untreated <input type="checkbox"/> Drinking water <input type="checkbox"/> Water not intended for recreation or drinking						
SYMPTOMS AND EPIDEMIOLOGIC DATA						
Route of entry: <input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Inhalation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown				Exposure associated with a specific event or gathering: <input type="checkbox"/> Yes: type: _____ date(s): _____ <input type="checkbox"/> No		
Estimated # of cases exposed to implicated water _____				% of primary cases living in Washington State: _____		
If data were not collected from a comparison group, was water the only common source shared by those who were ill? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				If data were collected from a comparison group, indicate: Total # exposed to implicated water: _____ Total # of exposed who are ill: _____ Total # not exposed to implicated water: _____ Total # not exposed who are ill: _____		

WATER QUALITY

Name of water source	Water type (e.g., bottled, pool, ditch)	Water subtype (indoor, outdoor, not applicable, unknown)	Water origin (e.g., city water, ocean)	Setting (e.g., hospital, club, park)	Usual treatment (e.g., filtration, disinfection, none)

Were there any deficits for water quality regulations or monitoring standards? Yes No Unknown Not applicable

Describe any deficits or factors contributing to contamination:

Was water testing done? Yes No Unknown Not applicable
If Yes, fill in the table below.

Sample number:	1	2	3	4
Source (e.g., lake, tap)				
Describe (e.g., site, time)				
Date				
Volume tested				
Temperature and pH				
Disinfectant level				
Coliform test result				
Toxin test result				
Specific agent or toxin				
Other test: _____ result				

PUBLIC HEALTH ACTIONS AND CONTROL MEASURES

- Health education information provided to cases and contacts
- Cases evaluated for sensitive occupations or situations and excluded during contagious period if necessary
- _____
- _____
- _____

DISCUSSION / CONCLUSION

Please briefly summarize the findings of this outbreak investigation.