

Appendix K: National Outbreak Reporting System (NORS) Forms

1) Foodborne Outbreak Form (CDC 52.13) Instructions

http://www.cdc.gov/nors/pdf/NORS_CDC_5213.pdf

2) Waterborne Outbreak Form (CDC 52.12) Instructions

http://www.cdc.gov/nors/pdf/NORS_CDC_5212-form.pdf

For additional information contact the KDPH Division of Epidemiology and Health Planning, Reportable Disease Section, (502) 564-3261

OR

CDC NORS website

<http://www.cdc.gov/nors/>

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CDC Form 52.13

General		National Outbreak Reporting System			
Foodborne Disease Transmission, Person-to-Person Disease Transmission, Animal Contact, Environmental Contamination, Unknown Transmission Mode					
This form is used to report investigations of foodborne disease outbreaks and enteric disease outbreaks transmitted by contact with persons, animals, or environmental sources, or by an unknown mode of transmission. This form has 5 sections, General, Etiology, Settings, Animal Contact, and Food, as indicated by tabs at the top of each page. Complete the General and Etiology tabs for all modes of transmission and complete additional sections as indicated by the mode of transmission. Please complete as much as possible of all applicable sections.					
CDC USE ONLY					
CDC ID		State ID			
Form Approved OMB No. 0920-0004					
General Section – complete for all modes of transmission except water					
Primary Mode of Transmission (Check one)					
<input type="checkbox"/> Food (complete General, Etiology, and Food tabs)		<input type="checkbox"/> Person-to-person (complete General, Etiology, and Settings tabs)			
<input checked="" type="checkbox"/> Water (complete CDC 52.12)		<input type="checkbox"/> Environmental contamination other than food/water (complete General, Etiology, and Settings tabs)			
<input type="checkbox"/> Animal contact (complete General, Etiology, and Animal Contact tabs)		<input type="checkbox"/> Other/Unknown (complete General, Etiology, and Settings tabs)			
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			
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					
Exposure state: _____					
<input type="checkbox"/> Exposure occurred in multiple states					
<input type="checkbox"/> Exposure occurred in a single state, but cases resided in another state or multiple states					
Other states: _____					
<i>(For multistate exposure or multistate residency outbreaks, enter the case count for each state)</i>					
Exposure county: _____					
<input type="checkbox"/> Exposure occurred in multiple counties in exposure state					
<input type="checkbox"/> Exposure occurred in a single county, but cases resided in another county or multiple counties					
Other counties: _____					
City/Town/Place of exposure: _____					
<i>(Do not include proprietary or private facility names)</i>					
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		Total # of cases for whom info is available		Age (Number or percent of the primary cases)	
Died	#	#	<1 year	#	%
Hospitalized	#	#	1–4 years	#	%
Visited Emergency Room	#	#	5–9 years	#	%
Visited health care provider (excluding ER visits)	#	#	≥ 75 years	#	%
			10–19 years	#	%
			Unknown	#	%

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General				
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	
Median		Min, Hours, Days	Median	
Longest		Min, Hours, Days	Longest	
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 (*Refer to terms from appendix E, if appropriate, to describe other common characteristics of cases.)				
Sign or symptom	# cases with signs or symptoms	Total # cases for whom info is available		
Vomiting				
Diarrhea				
Bloody stools				
Fever				
Abdominal cramps				
HUS				
*				
*				
*				
*				
Secondary Cases				
Mode of secondary transmission (Check all that apply)		Number of secondary cases		
<input type="checkbox"/> Food		Lab-confirmed secondary cases	#	
<input type="checkbox"/> Water		Probable secondary cases	#	
<input type="checkbox"/> Animal contact		Estimated total secondary cases	#	
<input type="checkbox"/> Person-to-person		Estimated total cases (Primary + Secondary)	#	
<input type="checkbox"/> Environmental contamination other than food/water				
<input type="checkbox"/> Other/unknown				
Other CDC System IDs (If applicable)				
NEARS ID: 1) _____ 2) _____ 3) _____ 4) _____				
OHHABS ID: 1) _____ 2) _____				
Traceback (For food and bottled water only, not public water)				
<input type="checkbox"/> Please check if traceback conducted				
Source name (if publicly available)	Source type (e.g., poultry farm, tomato processing plant, bottled water factory)	Location of source		Traceback comments
		State	Country	
Recall				
<input type="checkbox"/> Please check if any food or bottled water product was recalled				
Type of item recalled: _____				
Comments: _____				
Reporting Agency				
Reporting site: _____		E-mail: _____		
Agency name: _____		Phone #: _____		
Contact name: _____		Fax #: _____		
Contact title: _____				
General Remarks				
<i>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)</i>				

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Etiology						
Etiology Section – complete for all modes of transmission except water						
Clinical and Environmental Testing						
1. Were any samples collected and tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If no or unknown, skip to Q6)						
2. How many samples of each type were tested?						
Type of sample	Tested? (yes/no/unknown)	Number of samples tested				
Human specimen						
Animal specimen						
Food						
Water						
Other environmental (specify in general remarks)						
3. What were they tested for? (check all that apply)						
<input type="checkbox"/> Bacteria (or bacterial toxins) <input type="checkbox"/> Viruses <input type="checkbox"/> Parasites <input type="checkbox"/> Chemicals/Toxins <input type="checkbox"/> Unknown						
4. Test types (select all test types used for clinical specimens)						
<input type="checkbox"/> Chemical testing <input type="checkbox"/> Culture <input type="checkbox"/> DNA or RNA Amplification/Detection (e.g., PCR, RT-PCR) <input type="checkbox"/> Microscopy (e.g., Fluorescent, EM) <input type="checkbox"/> Serological/immunological test (e.g., EIA, ELISA) <input type="checkbox"/> Tissue culture infectivity assay <input type="checkbox"/> Other (specify in general remarks) <input type="checkbox"/> Unknown						
5. Was antimicrobial susceptibility testing (AST) performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
If yes, where was AST performed? <input type="checkbox"/> Clinical lab <input type="checkbox"/> Public health lab <input type="checkbox"/> CDC-NARMS <input type="checkbox"/> Other <input type="checkbox"/> Unknown						
If yes, were any antimicrobial resistant isolates associated with the outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
6. Is there at least one confirmed* or suspected outbreak etiology(s)?						
<input type="checkbox"/> Yes <input type="checkbox"/> No (unknown etiology) If no, skip to next section						
* See http://www.cdc.gov/foodsafety/outbreaks/investigating-outbreaks/confirming_diagnosis.html						
Etiology (Name the bacterium, chemical/toxin, virus, or parasite. If available, include the serotype and other characteristics such as phage type, virulence factors, and metabolic profile.)						
Genus	Species	Serotype/genotype	Other characteristics	Etiology confirmed or suspected	# of lab-confirmed cases	Detected in [~]
[~] Detected in (choose all that apply): 1 – patient specimen; 2 – food specimen; 3 – environmental specimen; 4 – food-worker specimen; 5 – water sample; 6 – animal specimen						
Isolates/Strains (For bacterial pathogens, provide a representative for each distinct pattern. For norovirus outbreaks, provide CaliciNet key, outbreak number, sequenced region, and genotype for each distinct strain.)						
CDC system	State lab ID/ Accession ID/ CaliciNet key/ PulseNet Key	CDC PulseNet cluster code or CaliciNet outbreak number	CDC PulseNet pattern designation for enzyme 1	CDC PulseNet pattern designation for enzyme 2	CaliciNet sequenced region/whole genome sequencing ID	CaliciNet genotype/ other molecular designation

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Settings	Animal Contact		
Settings Section – complete for person-to-person, environmental contamination, and other/unknown primary mode of transmission			
Major Setting of Exposure <i>(choose one)</i>			
<input type="checkbox"/> Camp <input type="checkbox"/> Hospital <input type="checkbox"/> Office/indoor workplace <input type="checkbox"/> Private home/residence <input type="checkbox"/> Shelter/group home/transitional housing <input type="checkbox"/> Child day care <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Other healthcare facility <input type="checkbox"/> Religious facility <input type="checkbox"/> Restaurant <input type="checkbox"/> Ship/boat <input type="checkbox"/> Event space <input type="checkbox"/> Long-term care/nursing home/assisted living facility <input type="checkbox"/> Other <i>(specify)</i> <input type="checkbox"/> Prison/jail <input type="checkbox"/> School/college/university <input type="checkbox"/> Unknown <input type="checkbox"/> Festival/fair			
Specify setting _____			
Attack Rates for Major Setting of Exposure			
Group <i>(based on setting)</i>	Estimated exposed in major setting*	Estimated ill in major setting	Crude attack rate <i>[(estimated ill / estimated exposed) x 100]</i>
Residents, guests, passengers, patients, etc.			
Staff, crew, etc.			
*e.g., number of persons on ship, number of residents in nursing home or affected ward			
Other Settings of Exposure <i>(choose all that apply)</i>			
<input type="checkbox"/> Camp <input type="checkbox"/> Hospital <input type="checkbox"/> Office/indoor workplace <input type="checkbox"/> Private home/residence <input type="checkbox"/> Shelter/group home/transitional housing <input type="checkbox"/> Child day care <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Other healthcare facility <input type="checkbox"/> Religious facility <input type="checkbox"/> Restaurant <input type="checkbox"/> Ship/boat <input type="checkbox"/> Event space <input type="checkbox"/> Long-term care/nursing home/assisted living facility <input type="checkbox"/> Other <i>(specify)</i> <input type="checkbox"/> Prison/jail <input type="checkbox"/> School/college/university <input type="checkbox"/> Unknown <input type="checkbox"/> Festival/fair			
Specify setting _____			
Additional Shigella Questions <i>(Complete this section for Shigella outbreaks)</i>			
1. Did any case-patients report travel prior to illness onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, was travel international, domestic, or both? <input type="checkbox"/> International <input type="checkbox"/> Domestic <input type="checkbox"/> Both <input type="checkbox"/> Unknown			
2. Were any confirmed, suspected, or probable case-patients immunocompromised (e.g., HIV/AIDS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
3. Were there any confirmed, suspected, or probable cases among men who have sex with men? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Animal Contact Section – complete for animal contact primary mode of transmission			
<input type="checkbox"/> Animal vehicle undetermined	Reason(s) animal contact, but undetermined vehicle <i>(enter all that apply from list in appendix E):</i> _____		
Animal	1	2	3
Animal Type <i>(select from list in appendix E)</i>			
Animal Type <i>(specify)</i>			
Confirmed or suspected vehicle			
Reason(s) confirmed or suspected <i>(enter all that apply from list in appendix E)</i>			
1. Settings of exposure <i>(check all that apply)</i>		2. Was pet food or animal feed implicated as a potential source of the outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Agricultural feed store <input type="checkbox"/> Live animal market <input type="checkbox"/> Private home/residence <input type="checkbox"/> Animal shelter or sanctuary <input type="checkbox"/> Long-term care/nursing home/assisted living facility <input type="checkbox"/> School/college/university <input type="checkbox"/> Camp <input type="checkbox"/> Veterinary clinic <input type="checkbox"/> Zoo or animal exhibit <input type="checkbox"/> Child day care <input type="checkbox"/> Pet store or other retail location <input type="checkbox"/> Other <i>(specify*)</i> <input type="checkbox"/> Farm/dairy <input type="checkbox"/> Petting zoo <input type="checkbox"/> Prison/jail <input type="checkbox"/> Unknown <input type="checkbox"/> Festival or fair <input type="checkbox"/> Hospital <input type="checkbox"/> Laboratory		If yes, please specify: <input type="checkbox"/> Prepackaged pet food <input type="checkbox"/> Pet treats or chews <input type="checkbox"/> Homemade pet food <input type="checkbox"/> Commercially prepared 'raw' pet food <input type="checkbox"/> Frozen or fresh feeder rodents <input type="checkbox"/> Blended feed <input type="checkbox"/> Other <i>(specify*)</i> <input type="checkbox"/> Unknown	
3. Did any cases have exposure to livestock or household pets that were experiencing diarrhea? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		5. What prevention measures or recommendations were used to stop the outbreak and prevent additional infections? <i>(check all that apply)</i>	
4. Was the "Compendium of Measures to Prevent Disease Associated with Animals in Public Settings" used in the investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Handwashing <input type="checkbox"/> None <input type="checkbox"/> Quarantine/stop movement <input type="checkbox"/> Other <i>(specify*)</i> <input type="checkbox"/> Venue or event closure <input type="checkbox"/> Unknown <input type="checkbox"/> Removal of animals from setting	
Animal contact remarks <i>(*If "Other" was chosen, specify here):</i>			

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Food			
Food Section – complete for foodborne primary mode of transmission			
<input type="checkbox"/> Food vehicle undetermined		Reason(s) foodborne, but undetermined vehicle (enter all that apply from list in appendix E): _____	
Food	1	2	3
Name of food <i>(excluding any preparation)</i>			
Confirmed or suspected vehicle			
Reason(s) confirmed or suspected <i>(enter all that apply from list in appendix E)</i>			
Ingredient(s) <i>(enter all that apply)</i>			
Contaminated ingredient(s) <i>(enter all that apply)</i>			
Total # of cases exposed to implicated food			
Method of processing <i>(enter all that apply from list in appendix E)</i>			
Method of preparation <i>(select one from list in appendix E)</i>			
Level of preparation <i>(select one from list in appendix E)</i>			
Contaminated food imported to US?	<input type="checkbox"/> Yes, country _____ <input type="checkbox"/> Yes, unknown <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, country _____ <input type="checkbox"/> Yes, unknown <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, country _____ <input type="checkbox"/> Yes, unknown <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was product <i>both</i> produced under domestic regulatory oversight <i>and</i> sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Location where food was prepared <i>(check all that apply)</i>		Location of exposure (where food was eaten) <i>(check all that apply)</i>	
<input type="checkbox"/> Banquet facility <i>(food prepared and served on-site)</i>	<input type="checkbox"/> Other healthcare facility	<input type="checkbox"/> Banquet facility <i>(food prepared and served on-site)</i>	<input type="checkbox"/> Other healthcare facility
<input type="checkbox"/> Camp	<input type="checkbox"/> Prison/jail	<input type="checkbox"/> Camp	<input type="checkbox"/> Prison/jail
<input type="checkbox"/> Caterer <i>(food prepared off-site from where served)</i>	<input type="checkbox"/> Private home/residence	<input type="checkbox"/> Caterer <i>(food prepared off-site from where served)</i>	<input type="checkbox"/> Private home/residence
<input type="checkbox"/> Child day care	<input type="checkbox"/> Religious facility	<input type="checkbox"/> Child day care	<input type="checkbox"/> Religious facility
<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Restaurant- Buffet	<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Restaurant – Buffet
<input type="checkbox"/> Farm/dairy	<input type="checkbox"/> Restaurant – ‘Fast-food’ <i>(drive up service or pay at counter)</i>	<input type="checkbox"/> Farm/dairy	<input type="checkbox"/> Restaurant – ‘Fast-food’ <i>(drive up service or pay at counter)</i>
<input type="checkbox"/> Grocery store	<input type="checkbox"/> Restaurant – Other or unknown type	<input type="checkbox"/> Grocery store	<input type="checkbox"/> Restaurant – Other or unknown type
<input type="checkbox"/> Hospital	<input type="checkbox"/> Restaurant – Sit-down dining	<input type="checkbox"/> Hospital	<input type="checkbox"/> Restaurant – Sit-down dining
<input type="checkbox"/> Hotel/motel	<input type="checkbox"/> School/college/university	<input type="checkbox"/> Hotel/motel	<input type="checkbox"/> School/college/university
<input type="checkbox"/> Long-term care/nursing home/assisted living facility	<input type="checkbox"/> Ship/boat	<input type="checkbox"/> Long-term care/nursing home/assisted living facility	<input type="checkbox"/> Ship/boat
<input type="checkbox"/> Office/indoor workplace	<input type="checkbox"/> Unknown	<input type="checkbox"/> Office/indoor workplace	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other <i>(specify in ‘where prepared remarks’)</i>		<input type="checkbox"/> Other <i>(specify in ‘where eaten remarks’)</i>	
Where prepared remarks:		Where eaten remarks:	
Was there a kitchen manager certified in food safety at the location of preparation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

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Food	
Contributing Factors (check all that contributed to this outbreak)	
<input type="checkbox"/> Contributing factors unknown	
Contamination factor <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4 <input type="checkbox"/> C5 <input type="checkbox"/> C6 <input type="checkbox"/> C7 <input type="checkbox"/> C8 <input type="checkbox"/> C9 <input type="checkbox"/> C10 <input type="checkbox"/> C11 <input type="checkbox"/> C12 <input type="checkbox"/> C13 <input type="checkbox"/> C14 <input type="checkbox"/> C15 <input type="checkbox"/> C-N/A	
Proliferation/amplification factor (bacterial outbreaks only) <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 <input type="checkbox"/> P5 <input type="checkbox"/> P6 <input type="checkbox"/> P7 <input type="checkbox"/> P8 <input type="checkbox"/> P9 <input type="checkbox"/> P10 <input type="checkbox"/> P11 <input type="checkbox"/> P12 <input type="checkbox"/> P-N/A	
Survival factor <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> S5 <input type="checkbox"/> S-N/A	
Confirmed or Suspected Point of Contamination (check one)	
<input type="checkbox"/> Before preparation <input type="checkbox"/> Preparation <input type="checkbox"/> Unknown If 'before preparation': <input type="checkbox"/> Pre-Harvest <input type="checkbox"/> Processing <input type="checkbox"/> Unknown	
Reason suspected (check all that apply)	
<input type="checkbox"/> Environmental evidence <input type="checkbox"/> Laboratory evidence <input type="checkbox"/> Epidemiologic evidence <input type="checkbox"/> Prior experience makes this a likely source	
Was food-worker implicated as the source of contamination? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please check only one of the following: <input type="checkbox"/> Laboratory and epidemiologic evidence <input type="checkbox"/> Epidemiologic evidence <input type="checkbox"/> Laboratory evidence <input type="checkbox"/> Prior experience makes this a likely source	
School Questions (Complete this section only if "school" is checked in either sections "Location where food was prepared" or "Location of exposure (where food was eaten)").	
1. Did the outbreak involve a single or multiple schools? <input type="checkbox"/> Single <input type="checkbox"/> Multiple (number of schools: _____)	
2. School characteristics (for all involved students in all involved schools) a. Total approximate enrollment: _____ (number of students) <input type="checkbox"/> Unknown or undetermined b. Grade level(s) <input type="checkbox"/> Grade school (grades K-12) Please check all grades affected: <input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> College/university/technical school <input type="checkbox"/> Unknown or undetermined c. Primary funding of involved schools <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown	
3. Describe the preparation of the implicated item: (check all that apply) <input type="checkbox"/> Heat and serve (item mostly prepared or cooked off-site, reheated on-site) <input type="checkbox"/> Served a-la-carte <input type="checkbox"/> Serve only (preheated or served cold) <input type="checkbox"/> Cooked on-site using primary ingredients <input type="checkbox"/> Provided by a food service management company <input type="checkbox"/> Provided by a fast-food vendor <input type="checkbox"/> Provided by a pre-plate company <input type="checkbox"/> Part of a club or fundraising event <input type="checkbox"/> Made in the classroom <input type="checkbox"/> Brought by a student/teacher/parent <input type="checkbox"/> Other (specify in General Remarks) <input type="checkbox"/> Unknown or undetermined	4. How many times has the state, county or local health department inspected this school cafeteria or kitchen in the 12 months before the outbreak?* <input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> More than two times <input type="checkbox"/> Not inspected <input type="checkbox"/> Unknown or undetermined <i>*If multiple schools are involved, please answer for the school with the most cases.</i>
6. Was implicated food item provided to the school through the National School Lunch/Breakfast Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown or undetermined	5. Does the school have a HACCP plan in place for the school feeding program?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown or undetermined <i>*If multiple schools are involved, please answer for the school with the most cases.</i> If yes, was the implicated food item donated/purchased by: <input type="checkbox"/> USDA through the Commodity Distribution Program <input type="checkbox"/> The state/school authority <input type="checkbox"/> Other (specify in General Remarks) <input type="checkbox"/> Unknown or undetermined

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Food	
Ground Beef	
<p>1. What percentage of ill persons, for whom information is available, ate ground beef raw or undercooked? _____ %</p> <p>2. Was ground beef case-ready? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(Case-ready ground beef is meat that comes from a manufacturer packaged for sale that is not altered or repackaged by the retailer.)</i></p> <p>3. Was the beef ground or reground by the retailer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, was anything added to the beef during grinding (e.g., shop trim or any product to alter the fat content)?: _____</p>	
Eggs	
<p>1. Were eggs (check all that apply)</p> <input type="checkbox"/> in shell, unpasteurized <input type="checkbox"/> in shell, pasteurized <input type="checkbox"/> packaged liquid or dry <input type="checkbox"/> stored with inadequate refrigeration during or after sale <input type="checkbox"/> consumed raw <input type="checkbox"/> consumed undercooked <input type="checkbox"/> pooled	<p>2. Was <i>Salmonella</i> Enteritidis found on the farm? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Egg comment <i>(e.g., eggs and patients isolates matched by phage type):</i></p> <p>_____</p>
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-->	

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CDC Form 52.12

General		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 ID		State ID		Form Approved OMB No. 0920-0004	
General Section					
Primary Mode of Transmission (Check one)					
<input type="checkbox"/> Food (Complete CDC 52.13)		<input type="checkbox"/> Person-to-person (Complete CDC 52.13)		<input type="checkbox"/> Environmental contamination other than food/water (Complete CDC 52.13)	
<input type="checkbox"/> Water (Complete the tabs for General, Water-General, Water-Etiology & Lab, Water Samples and the type of water exposure)		<input type="checkbox"/> Animal contact (Complete CDC 52.13)		<input type="checkbox"/> Other/Unknown (Complete CDC 52.13)	
Investigation Methods (Check all that apply)					
<input type="checkbox"/> Interviews only of ill persons		<input type="checkbox"/> Case-control study		<input type="checkbox"/> Cohort study	
<input type="checkbox"/> Food preparation review		<input type="checkbox"/> Water system assessment: Drinking water		<input type="checkbox"/> Water system assessment: Nonpotable water	
<input type="checkbox"/> Treated or untreated recreational water venue assessment		<input type="checkbox"/> Investigation at factory/production/treatment plant		<input type="checkbox"/> Investigation at original source (e.g., farm, water source, etc.)	
<input type="checkbox"/> Food product or bottled water traceback		<input type="checkbox"/> Environment/food/water sample testing		<input type="checkbox"/> 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					
Exposure state: _____					
<input type="checkbox"/> Exposure occurred in multiple states					
<input type="checkbox"/> Exposure occurred in a single state, but cases resided in another state or multiple states					
Other states: _____					
(For multistate exposure or multistate residency outbreaks, enter the case count for each state)					
Exposure county: _____					
<input type="checkbox"/> Exposure occurred in multiple counties in exposure state					
<input type="checkbox"/> Exposure occurred in a single county, but cases resided in another county or multiple counties					
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	#	Female	%
Probable primary cases	#	Female	#	Unknown	%
Estimated total primary cases	#	Unknown	#		%
Primary case outcomes		Total # of cases for whom info is available		Age (Number or percent of the primary cases)	
Died	#	#	<1 year	#	%
Hospitalized	#	#	1-4 years	#	%
Visited Emergency Room	#	#	5-9 years	#	%
Visited health care provider (excluding ER visits)	#	#	10-19 years	#	%
				20-49 years	#
				50-74 years	#
				≥ 75 years	#
				Unknown	#

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General					
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					
Sign or symptom	# Cases with signs or symptoms		Total # cases for whom info available		
Vomiting					
Diarrhea					
Bloody stools					
Fever					
Abdominal cramps					
HUS					
Secondary Cases					
Mode of secondary transmission (Check all that apply)			Number of secondary cases		
<input type="checkbox"/> Food			Lab-confirmed secondary cases	#	
<input type="checkbox"/> Water			Probable secondary cases	#	
<input type="checkbox"/> Animal contact			Estimated total secondary cases	#	
<input type="checkbox"/> Person-to-person			Estimated total cases (Primary + Secondary)	#	
<input type="checkbox"/> Environmental contamination other than food/water					
<input type="checkbox"/> Other/Unknown					
Other CDC System IDs (If applicable)					
NEARS ID: 1) _____ 2) _____ 3) _____ 4) _____					
OHHABS ID: 1) _____ 2) _____					
Traceback (For food and bottled water only, not public water)					
<input type="checkbox"/> Please check if traceback conducted					
Source name (if publicly available)	Source type (e.g. poultry farm, tomato processing plant, bottled water factory)	Location of source		Traceback comments	
		State	Country		
Recall					
<input type="checkbox"/> Please check if any food or bottled water product was recalled					
Type of item recalled: _____					
Comments: _____					
Reporting Agency					
Reporting site: _____		E-mail: _____			
Agency name: _____		Phone #: _____			
Contact name: _____		Fax #: _____			
Contact title: _____					
General Remarks	<i>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)</i>				

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Water-General										
Water - General Section										
Type of Water Exposure (Check ONE box)										
<input type="checkbox"/> Treated recreational water (e.g., in manufactured venues such as pools, spas/whirlpools, hot tubs, spray pads, at-home kiddie pools) <input type="checkbox"/> Untreated recreational water (e.g., water in natural venues such as freshwater lakes, hot springs, marine beaches/oceans) <input type="checkbox"/> 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). <input type="checkbox"/> Other water (e.g., cooling/industrial, water reuse, irrigation, occupational, decorative/display; includes water consumed from sources such as back-country streams) <input type="checkbox"/> 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										
1. Estimated total number of persons with primary water exposure: _____ 2. Were data collected from comparison groups to estimate risk? <input type="checkbox"/> Yes (specify in table below) <input type="checkbox"/> No <input type="checkbox"/> Unknown If NO or UNKNOWN , was water the common source shared by persons who were ill? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										
Exposure in epidemiologic investigation <small>(e.g., pool, waterpark, hot spring, well water)</small>	Total # exposed (A)	# ill exposed (B)	Total # not exposed	# ill not exposed	Attack rate (%) (B/A)	Odds ratio	Relative risk	p-Value <small>(provide exact value)</small>	95% confidence interval	
Attack rate for residents of reporting state: _____ %					Attack rate for non-residents of reporting state: _____ %					
Geographic Location										
Percent of ill persons (primary cases) living in reporting state: _____ %										
Associated Events										
Was exposure associated with a specific event or gathering? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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)										
Route of Entry										
<input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Inhalation <input type="checkbox"/> Other (specify in remarks) <input type="checkbox"/> Unknown										

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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* (list all that apply)	Total # tested primary cases	Total # positive primary cases
<input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected							
<input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected							
<input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected							
<input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected							
<input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected							
<input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected							
<input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected							
<input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected							
* 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 # (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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
If YES, from how many persons were specimens taken? _____							
Specimen type [†]	Specimen subtype [‡]	Tested for [§] (list all that apply)					
[†] 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-Vomit, 16-Wound Swab, 17-Other (describe in the general remarks), 18-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, 6-Other (describe in general remarks), 7-Unknown							
Testing Information							
1. Test types (select all test types used for clinical specimens) <input type="checkbox"/> Chemical Testing <input type="checkbox"/> Culture <input type="checkbox"/> DNA or RNA Amplification/Detection (e.g. PCR, RT-PCR) <input type="checkbox"/> Microscopy (e.g., fluorescent, EM) <input type="checkbox"/> Serological/Immunological Test (e.g., EIA, ELISA) <input type="checkbox"/> Tissue culture infectivity assay <input type="checkbox"/> Other (specify in the general remarks) <input type="checkbox"/> Unknown				2. Was Antimicrobial Susceptibility Testing (AST) performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, where was AST performed? <input type="checkbox"/> Clinical Lab <input type="checkbox"/> Public Health Lab <input type="checkbox"/> CDC-NARMS <input type="checkbox"/> Other <input type="checkbox"/> Unknown If yes, were any antimicrobial resistant isolates associated with the outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

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Water Samples						
Water Samples (Provide representative data about water quality testing, chemical or pathogen testing. Additional sample data can be described in the remarks or attached)						
Was water tested? <input type="checkbox"/> Yes (specify in table below) <input type="checkbox"/> No <input type="checkbox"/> Unknown						
Results						
Sample number	1	2	3	4	5	
Source of sample (e.g., swimming pool, lake)						
Additional description (e.g., time of day, location of sample collection)						
Date (mm/dd/yyyy)						
Volume tested , (number, unit)						
Temperature (number, unit)						
Residual/Free disinfectant level - number, unit (if total and combined disinfectant levels given, total - combined = free)						
Combined disinfectant level - number, unit (if total and free disinfectant levels given, total - free = combined)						
pH						
Turbidity (NTU)						
Water Samples - Water Quality Indicators (Might not be applicable for treated recreational water samples)						
Sample number	Type (e.g., fecal coliforms)		Concentration (numerical value)	Unit		
Water Samples - Microbiology or Chemical/Toxin Analysis (Provide both positive and negative test results)						
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)
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
* 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, 8-Other (describe in the general remarks), 9-Unknown						

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Rec Water-Treated			
Recreational Water - Treated Venue			
Implicated Water - Recreational Water Venue Description			
Venue number <i>(use this number to link the venue with water treatment or fill water data below)</i>	Water venue <i>(e.g., spa/whirlpool/hot tub; pool-swimming pool; pool-waterpark)</i>	Water venue subtype <i>(select indoor, outdoor, or unknown)</i>	Setting of exposure <i>(e.g., club, requiring membership; hotel/motel/lodge/inn; waterpark)</i>
1			
2			
3			
4			
5			
Implicated Water - Water Treatment Description			
Venue number <i>(reference the appropriate Venue number from above)</i>	USUAL water treatment provided at venue <i>(e.g., no treatment; coagulation; disinfection; flocculation; filtration [pool]; unknown)</i>	Venue treatment subtype <i>(disinfection or pool filtration: e.g., UV; chlorine dioxide; bag filter; cartridge filter; unknown)</i>	Chlorination subtype <i>(chlorine disinfection only: e.g., gaseous; sodium hypochlorite; cyanurates/stabilized chlorine)</i>
Implicated Water - Fill Treatment Description			
Venue number <i>(reference the appropriate Venue number from above)</i>	Fill water type <i>(e.g., public water supply; sea water; untreated ground or surface water; unknown)</i>	If public water supply, USUAL water treatment provided before coming to the venue <i>(e.g., no treatment; disinfection; filtration [treatment plant]; unknown)</i>	If public water supply, fill water treatment subtype <i>(disinfection or filtration: e.g., UV; chlorine dioxide; bag filter; cartridge filter; unknown)</i>
Recreational Water Quality			
<p>Did the venue meet state or local recreational water quality regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable</p> <p>If NO, explain: _____</p> <p>_____</p> <p>_____</p> <p>Was there a pool operator on the payroll with state-approved training or certification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>			

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Rec Water-Treated			
Factors Contributing to Recreational Water Contamination and/or Increased Exposure in Treated Venues			
Contributing factors (Check all that apply)*	Documented/ Observed [†]	Suspected [†]	
People	Exceeded maximum bather load	<input type="checkbox"/>	<input type="checkbox"/>
	Primary intended use of water is by diaper/toddler-aged children (e.g., kiddie pool)	<input type="checkbox"/>	<input type="checkbox"/>
	Heavy use by child care center groups	<input type="checkbox"/>	<input type="checkbox"/>
	Fecal/vomitus accident	<input type="checkbox"/>	<input type="checkbox"/>
	Patrons continued to swim when ill with diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
	Operator error	<input type="checkbox"/>	<input type="checkbox"/>
Facility Design	Intentional contamination (explain in remarks)	<input type="checkbox"/>	<input type="checkbox"/>
	Combined pool filtration/recirculation systems led to cross-contamination	<input type="checkbox"/>	<input type="checkbox"/>
	Hygiene facilities (e.g., toilets, diaper changing facilities) inadequate or distant	<input type="checkbox"/>	<input type="checkbox"/>
	Some spray feature water bypasses filtration/treatment system and returns to feature unfiltered/untreated	<input type="checkbox"/>	<input type="checkbox"/>
	No supplemental disinfection installed that would have inactivated pathogen (e.g., <i>Cryptosporidium</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	Water temperature $\geq 30^{\circ}\text{C}$ ($\geq 86^{\circ}\text{F}$)	<input type="checkbox"/>	<input type="checkbox"/>
	Cross-connection with wastewater or non-potable water	<input type="checkbox"/>	<input type="checkbox"/>
	Disinfectant control system malfunctioning, inadequate, or lacking (e.g., hand feed chemicals)	<input type="checkbox"/>	<input type="checkbox"/>
	Incorrect settings on disinfectant control system	<input type="checkbox"/>	<input type="checkbox"/>
	pH control system malfunctioning, inadequate, or lacking (e.g., hand feed chemicals)	<input type="checkbox"/>	<input type="checkbox"/>
	Incorrect settings on pH control system	<input type="checkbox"/>	<input type="checkbox"/>
	Filtration system malfunctioning or inadequate (e.g., low flow rate)	<input type="checkbox"/>	<input type="checkbox"/>
	Supplemental disinfection system malfunctioning or inadequate (e.g., ultraviolet light, ozone)	<input type="checkbox"/>	<input type="checkbox"/>
	Insufficient system checks so breakdown detection delayed	<input type="checkbox"/>	<input type="checkbox"/>
	No preventive equipment maintenance programs to reduce breakdowns	<input type="checkbox"/>	<input type="checkbox"/>
	Ventilation insufficient for indoor aquatic facilities	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical handling error (e.g., chemical hookup, improper mixing or application)	<input type="checkbox"/>	<input type="checkbox"/>
	Maintenance chemicals not flushed from system before opening to swimmers	<input type="checkbox"/>	<input type="checkbox"/>
	Recirculation pump off or restarted with swimmers in water	<input type="checkbox"/>	<input type="checkbox"/>
	Low or zero water flow combined with continuous feed of chemicals resulted in excess chemicals in water	<input type="checkbox"/>	<input type="checkbox"/>
	Extensive slime/biofilm formation	<input type="checkbox"/>	<input type="checkbox"/>
	Policy and Management	Recent construction	<input type="checkbox"/>
Cyanurate level excessive		<input type="checkbox"/>	<input type="checkbox"/>
Lack of draining/cleaning		<input type="checkbox"/>	<input type="checkbox"/>
Stagnant water in spa piping was aerosolized		<input type="checkbox"/>	<input type="checkbox"/>
No aquatics operators on payroll who have completed state/local training		<input type="checkbox"/>	<input type="checkbox"/>
Untrained/inadequately trained staff on duty		<input type="checkbox"/>	<input type="checkbox"/>
Remote monitoring system replaces on-site water quality testing		<input type="checkbox"/>	<input type="checkbox"/>
Unclear communication chain for reporting problems		<input type="checkbox"/>	<input type="checkbox"/>
Inadequate water quality monitoring (e.g., inadequate test kit, inadequate testing frequency)		<input type="checkbox"/>	<input type="checkbox"/>
Employee illness policies absent or not enforced		<input type="checkbox"/>	<input type="checkbox"/>
No or inadequate policies on good chemical handling and storage practices	<input type="checkbox"/>	<input type="checkbox"/>	
No operator on duty at the time of incident	<input type="checkbox"/>	<input type="checkbox"/>	
Facility falls outside aquatic health code	<input type="checkbox"/>	<input type="checkbox"/>	
No shock/hyperchlorination policy	<input type="checkbox"/>	<input type="checkbox"/>	
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	
<small>* 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.</small>			
Remarks			

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Rec Water-Untreated			
Recreational Water - Untreated Venue			
Implicated Water - Recreational Water Venue Description			
Water venue <i>(e.g., canal; lake; river/stream; ocean)</i>	IF SPRING OR HOT SPRING, water venue subtype <i>(select indoor, outdoor or unknown)</i>	Setting of exposure <i>(e.g., beach-public; camp/cabin/recreational area)</i>	
Recreational Water Quality			
Did the venue meet state or local recreational water quality regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable		Did the venue meet Environmental Protection Agency (EPA) recreational water quality standards? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable	
If NO, explain: _____ _____		If NO, explain: _____ _____	
Factors Contributing to Recreational Water Contamination and/or Increased Exposure in Untreated Venues			
Contributing factors <i>(Check all that apply)*</i>	Documented/ Observed [†]	Suspected [†]	
People	Exceeded maximum bather load	<input type="checkbox"/>	<input type="checkbox"/>
	Primary intended use of water is by diaper/toddler-aged children <i>(e.g., kiddie pool)</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Heavy use by child care center groups	<input type="checkbox"/>	<input type="checkbox"/>
	Fecal/vomitus accident	<input type="checkbox"/>	<input type="checkbox"/>
	Patrons continued to swim when ill with diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
	Staff error	<input type="checkbox"/>	<input type="checkbox"/>
Swim Area Design	Intentional contamination <i>(explain in remarks)</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Hygiene facilities <i>(e.g., toilets, diaper changing facilities)</i> inadequate or distant	<input type="checkbox"/>	<input type="checkbox"/>
	Malfunctioning or inadequate on-site wastewater treatment system [‡]	<input type="checkbox"/>	<input type="checkbox"/>
	Poor siting/design of on-site wastewater treatment system [‡]	<input type="checkbox"/>	<input type="checkbox"/>
Water Quality	Stagnant or poorly circulating water in swim area	<input type="checkbox"/>	<input type="checkbox"/>
	Heavy rainfall and runoff	<input type="checkbox"/>	<input type="checkbox"/>
	Sanitary sewer overflow (SSO) impact [§]	<input type="checkbox"/>	<input type="checkbox"/>
	Combined sewer overflow (CSO) impact [§]	<input type="checkbox"/>	<input type="checkbox"/>
	Domestic animal contamination <i>(e.g., livestock, pets)</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Wildlife contamination - Birds	<input type="checkbox"/>	<input type="checkbox"/>
	Wildlife contamination - Mammals	<input type="checkbox"/>	<input type="checkbox"/>
	Wildlife contamination - Fish kill	<input type="checkbox"/>	<input type="checkbox"/>
	Wastewater treatment plant effluent flows past swim area	<input type="checkbox"/>	<input type="checkbox"/>
	Wastewater treatment plant malfunction [§]	<input type="checkbox"/>	<input type="checkbox"/>
	Sewer line break [§]	<input type="checkbox"/>	<input type="checkbox"/>
	Nearby biosolid/land application site <i>(e.g., human or animal waste application)</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Contamination from agricultural chemical application <i>(e.g., fertilizer, pesticides)</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Contamination from chemical pollution not related to agricultural application	<input type="checkbox"/>	<input type="checkbox"/>
	Water temperature ≥30°C (≥86°F)	<input type="checkbox"/>	<input type="checkbox"/>
	Policy and Management	Seasonal variation in water quality <i>(e.g., lake/reservoir turnover events)</i>	<input type="checkbox"/>
Inappropriate dumping of sewage into water body <i>(e.g., from boat, RV)</i>		<input type="checkbox"/>	<input type="checkbox"/>
Algal bloom		<input type="checkbox"/>	<input type="checkbox"/>
Dumping of ballast water		<input type="checkbox"/>	<input type="checkbox"/>
Tidal wash <i>(i.e., tide exchange or influence by inland water)</i>		<input type="checkbox"/>	<input type="checkbox"/>
No or inadequate monitoring of water quality		<input type="checkbox"/>	<input type="checkbox"/>
No managers have completed state/local required training		<input type="checkbox"/>	<input type="checkbox"/>
Untrained/inadequately trained staff on duty	<input type="checkbox"/>	<input type="checkbox"/>	
Unclear communication chain for reporting problems	<input type="checkbox"/>	<input type="checkbox"/>	
Employee illness policies absent or not enforced	<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. [§] The release of sewage does not have to occur at the property/venue/setting where the people were exposed. The sewage may have occurred at a distant site but still affected the property/venue/setting in question. [‡] "On-site wastewater treatment system" refers to a system designed to treat and dispose of wastewater at the point of generation, generally on the property where the wastewater is generated (e.g., septic systems or other advanced on-site systems). However, contamination that originates from these systems can still occur off the property where treatment and disposal takes place due to migration of contaminants from malfunctioning systems or poor siting and design.			
Remarks			

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Drinking Water						
Drinking Water						
Implicated Water - Drinking Water System Description						
Water system* <i>(e.g., commercially-bottled water, community water system, individual water system)</i>	Public water system EPA ID number [†]	Water source <i>(select ground water, surface water or unknown)</i>	Water source description <i>(e.g., spring; well; lake)</i>	Setting of exposure <i>(e.g., airport, mobile home park)</i>	USUAL water treatment provided <i>(e.g., no treatment, disinfection, home filtration)</i>	Water treatment subtype <i>(disinfection or filtration: e.g., boiling; chlorine; rapid sand filter; reverse osmosis)</i>

* Water system definitions: Community and noncommunity water systems are public water systems that have ≥ 15 service connections or serve an average of ≥ 25 residents for ≥ 60 days/year. A community water system serves year-round residents of a community, subdivision, or mobile home park. A noncommunity water system serves an institution, industry, camp, park, hotel, or business and can be nontransient or transient. Nontransient systems serve ≥ 25 of the same persons for > 6 months of the year but not year-round (e.g., factories and schools), whereas transient systems provide water to places in which persons do not remain for long periods (e.g., restaurants, highway rest stations, and parks). Individual water systems are small systems not owned or operated by a water utility that have < 15 connections or serve < 25 persons.

[†] Number used for EPA reporting that uniquely identifies the public water system within a specific state. The water system ID number can be found by searching the Safe Drinking Water Information System (SDWIS) online at <https://ofmpub.epa.gov/apex/sfdw/f?p=108:200>.

Drinking Water Quality
<p>Did the drinking water system have any monitoring violations in the 1 month prior to the outbreak?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable</p> <p>If Yes, explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Did the drinking water system have any maximum contaminant level (MCL) violations in the 1 month prior to the outbreak?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable</p> <p>If Yes, explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Did the drinking water system have any violations in the 12 months prior to the outbreak?[§]</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable</p> <p>If Yes, explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

[§] Sources of information about past violations can be obtained from utility records, consumer confidence reports (water quality reports), or violation records from state or local health departments

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Drinking Water		
Factors Contributing to Drinking Water Contamination and/or Increased Exposure to Contamination Drinking Water		
<p>1. Did a problem with the source water (i.e., ground water or surface water) contribute to the disease or outbreak? <input type="checkbox"/> Yes (specify in the table below) <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>		
Source water contributing factors (Check all that apply)*	Documented/ Observed [†]	Suspected [†]
Sanitary sewer overflow (SSO) [§]	<input type="checkbox"/>	<input type="checkbox"/>
Combined sewer overflow (CSO) [§]	<input type="checkbox"/>	<input type="checkbox"/>
Malfunctioning on-site wastewater treatment system ^{§¶}	<input type="checkbox"/>	<input type="checkbox"/>
Sewage treatment plant malfunction [§]	<input type="checkbox"/>	<input type="checkbox"/>
Sewer line break [§]	<input type="checkbox"/>	<input type="checkbox"/>
Poor siting/design of on-site wastewater treatment system ^{§¶}	<input type="checkbox"/>	<input type="checkbox"/>
Nearby biosolid/land application site (e.g., human or animal waste application)	<input type="checkbox"/>	<input type="checkbox"/>
Contamination from agricultural chemical application (e.g., fertilizer, pesticides)	<input type="checkbox"/>	<input type="checkbox"/>
Contamination from chemical pollution not related to agricultural application	<input type="checkbox"/>	<input type="checkbox"/>
Contamination by a chemical that the current treatment methods were not designed to remove	<input type="checkbox"/>	<input type="checkbox"/>
Domestic animal contamination (e.g., livestock, concentrated feeding operations, pets)	<input type="checkbox"/>	<input type="checkbox"/>
Wildlife contamination - Birds	<input type="checkbox"/>	<input type="checkbox"/>
Wildlife contamination - Mammals	<input type="checkbox"/>	<input type="checkbox"/>
Wildlife contamination - Fish kill	<input type="checkbox"/>	<input type="checkbox"/>
Flooding/heavy rains	<input type="checkbox"/>	<input type="checkbox"/>
Algal bloom	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal variation in water quality (e.g., lake/reservoir turnover events, resort community with seasonal loading)	<input type="checkbox"/>	<input type="checkbox"/>
Low water table (e.g., drought, over-pumping)	<input type="checkbox"/>	<input type="checkbox"/>
Ground water under direct influence of surface water (e.g., shallow well)**	<input type="checkbox"/>	<input type="checkbox"/>
Contamination through limestone or fissured rock (e.g., karst)	<input type="checkbox"/>	<input type="checkbox"/>
Contaminated recharge water	<input type="checkbox"/>	<input type="checkbox"/>
Use of an alternate source of water by a water utility	<input type="checkbox"/>	<input type="checkbox"/>
Mixing of raw water from different sources	<input type="checkbox"/>	<input type="checkbox"/>
Improper construction or location of a well or spring	<input type="checkbox"/>	<input type="checkbox"/>
Water system intake failure (e.g., cracked well casing, cracked intake pipe)	<input type="checkbox"/>	<input type="checkbox"/>
Intentional contamination (explain in remarks)	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Did a problem with the water treatment prior to entry into a house or building contribute to the disease or outbreak? <input type="checkbox"/> Yes (specify in the table below) <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>		
Treatment contributing factors (Check all that apply)*	Documented/ Observed [†]	Suspected [†]
Change in treatment process (specify in remarks)	<input type="checkbox"/>	<input type="checkbox"/>
No disinfection	<input type="checkbox"/>	<input type="checkbox"/>
Temporary interruption of disinfection	<input type="checkbox"/>	<input type="checkbox"/>
Chronically inadequate disinfection	<input type="checkbox"/>	<input type="checkbox"/>
No filtration	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate filtration	<input type="checkbox"/>	<input type="checkbox"/>
Deficiencies in other treatment processes	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion in or leaching from pipes or storage tanks	<input type="checkbox"/>	<input type="checkbox"/>
Pipe/component failure or break (e.g., pipes, tanks, valves)	<input type="checkbox"/>	<input type="checkbox"/>
Contamination during construction or repair of pipes/components	<input type="checkbox"/>	<input type="checkbox"/>
Construction or repair of pipes/components without evidence of contamination	<input type="checkbox"/>	<input type="checkbox"/>
Operator error	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>
<p>* 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. [§] The release of sewage does not have to occur on the property in which persons have become ill. The sewage release may have occurred at a distant site but still affected the property in question. [¶] "On-site wastewater treatment system" refers to a system designed to treat and dispose of wastewater at the point of generation, generally on the property where the wastewater is generated (e.g., septic systems or other advanced on-site systems). However, contamination that originates from these systems can still occur off the property where treatment and disposal takes place due to migration of contaminants from malfunctioning systems or poor siting and design. ** Any water beneath the surface of the ground with substantial occurrence of insects or other macroorganisms, algae, or large-diameter pathogens (e.g., <i>Giardia intestinalis</i> or <i>Cryptosporidium</i>), or substantial and relatively rapid shifts in water characteristics (e.g., turbidity, temperature, conductivity, or pH) that closely correlate with climatologic or surface water conditions. Direct influence must be determined for individual sources in accordance with criteria established by the state.</p>		

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Drinking Water		
<p>3. Did a problem with the distribution system contribute to the disease or outbreak? (NOTE: For a community water system, the distribution system refers to the pipes and storage infrastructure under the jurisdiction of the water utility prior to the water meter (or property line if the system is not metered). For noncommunity and nonpublic water systems, the distribution system refers to the pipes and storage infrastructure prior to entry into a building or house)</p> <p><input type="checkbox"/> Yes (specify in the table below) <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>		
Distribution and storage contributing factors (Check all that apply)*	Documented/ Observed†	Suspected‡
Cross-connection of potable and nonpotable water pipes resulting in backflow	<input type="checkbox"/>	<input type="checkbox"/>
Low pressure or change in water pressure in the distribution system	<input type="checkbox"/>	<input type="checkbox"/>
Change in water flow direction in the distribution system	<input type="checkbox"/>	<input type="checkbox"/>
Mixing of treated water from different sources	<input type="checkbox"/>	<input type="checkbox"/>
Pipe/component failure or break (e.g., pipes, tanks, valves)	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion in or leaching from pipes or storage tanks	<input type="checkbox"/>	<input type="checkbox"/>
Contamination of mains during construction or repair	<input type="checkbox"/>	<input type="checkbox"/>
Construction or repair of mains without evidence of contamination	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled flushing of the distribution system	<input type="checkbox"/>	<input type="checkbox"/>
Contamination of storage facility	<input type="checkbox"/>	<input type="checkbox"/>
Aging water distribution components (e.g., pipes, tanks, valves)	<input type="checkbox"/>	<input type="checkbox"/>
Water temperature ≥30°C (≥86°F)	<input type="checkbox"/>	<input type="checkbox"/>
Intentional contamination (specify in remarks)	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Did a problem occur after the water meter or outside the jurisdiction of a water utility that contributed to the disease or outbreak? (e.g., in a service line leading to a house/building, in the plumbing inside a house/building, during shipping/hauling, during storage other than in the distribution system, at the point of use, involving commercially-bottled water)</p> <p><input type="checkbox"/> Yes (specify in the table below) <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>		
Factors not under the jurisdiction of a water utility or contributing factors at the point of use (Check all that apply)*	Documented/ Observed†	Suspected‡
<i>Legionella</i> species in water system	<input type="checkbox"/>	<input type="checkbox"/>
Cross-connection of potable and nonpotable water pipes resulting in backflow	<input type="checkbox"/>	<input type="checkbox"/>
Lack of backflow prevention in plumbing	<input type="checkbox"/>	<input type="checkbox"/>
Low pressure or change in water pressure in the plumbing	<input type="checkbox"/>	<input type="checkbox"/>
Change in water flow direction in the plumbing	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion in or leaching from pipes or storage tanks	<input type="checkbox"/>	<input type="checkbox"/>
Pipe/component failure or break (e.g., pipes, tanks, valves)	<input type="checkbox"/>	<input type="checkbox"/>
Aging plumbing components (e.g., pipes, tanks, valves)	<input type="checkbox"/>	<input type="checkbox"/>
Contamination of plumbing during construction or repair	<input type="checkbox"/>	<input type="checkbox"/>
Construction or repair of plumbing without evidence of contamination	<input type="checkbox"/>	<input type="checkbox"/>
Deficiency in building/home-specific water treatment after the water meter or property line	<input type="checkbox"/>	<input type="checkbox"/>
Deficiency or contamination of equipment/devices using or distributing water	<input type="checkbox"/>	<input type="checkbox"/>
Contamination during commercial bottling	<input type="checkbox"/>	<input type="checkbox"/>
Contamination during shipping, hauling, or storage	<input type="checkbox"/>	<input type="checkbox"/>
Contamination at point of use – Tap	<input type="checkbox"/>	<input type="checkbox"/>
Contamination at point of use – Hose	<input type="checkbox"/>	<input type="checkbox"/>
Contamination at point of use – Commercially-bottled water	<input type="checkbox"/>	<input type="checkbox"/>
Contamination at point of use – Container, bottle, or pitcher	<input type="checkbox"/>	<input type="checkbox"/>
Contamination at point of use – Unknown	<input type="checkbox"/>	<input type="checkbox"/>
Water temperature ≥30°C (≥86°F)	<input type="checkbox"/>	<input type="checkbox"/>
Intentional contamination (specify in remarks)	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>
<p>* 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.</p>		
Remarks		

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Other or Unknown Water			
Other or Unknown Water			
Intent for Use			
What was the intended use for the implicated water? (check all that apply)			
<input type="checkbox"/> Cooling/Air Conditioning (e.g., cooling tower, swamp cooler) <input type="checkbox"/> Mister (e.g., produce in grocery store, public cooling system) <input type="checkbox"/> Ornamental (e.g., a decorative non-interactive fountain intended for public display and not designed for swimming or recreational use) <input type="checkbox"/> Industrial/Occupational (e.g., steam cleaner)		<input type="checkbox"/> Agricultural Irrigation <input type="checkbox"/> Waste water <input type="checkbox"/> Other (specify) : _____ <input type="checkbox"/> Unknown	
Implicated Water - 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>
Factors Contributing to Contamination and/or Increased Exposure to Contaminated Water			
Contributing 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"/>
	Lack of a maintenance program	<input type="checkbox"/>	<input type="checkbox"/>
	Lack of a qualified water quality specialist	<input type="checkbox"/>	<input type="checkbox"/>
	Presence of scale or corrosion	<input type="checkbox"/>	<input type="checkbox"/>
	Presence of dirt, organic matter, or other debris in the cold water basin	<input type="checkbox"/>	<input type="checkbox"/>
	Absence of drift eliminators	<input type="checkbox"/>	<input type="checkbox"/>
	Presence of damaged drift eliminators	<input type="checkbox"/>	<input type="checkbox"/>
	History of recent repairs to the device	<input type="checkbox"/>	<input type="checkbox"/>
	Siting of device near building air intakes	<input type="checkbox"/>	<input type="checkbox"/>
	Siting of device near windows that can be opened	<input type="checkbox"/>	<input type="checkbox"/>
Ornamental fountain	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"/>
	Construction on the premises of the device within 6 months before the index case	<input type="checkbox"/>	<input type="checkbox"/>
	Construction within 100 meters of the premises of the device within 6 months before the index case	<input type="checkbox"/>	<input type="checkbox"/>
	Intended as an ornamental fountain but utilized as an interactive fountain	<input type="checkbox"/>	<input type="checkbox"/>
	Inadequate disinfection for recreational use	<input type="checkbox"/>	<input type="checkbox"/>
	Inadequate filtration for recreational use	<input type="checkbox"/>	<input type="checkbox"/>
	Presence of submerged lighting	<input type="checkbox"/>	<input type="checkbox"/>
	Lack of a written cleaning and maintenance program	<input type="checkbox"/>	<input type="checkbox"/>
	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 ≥30°C (≥86°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			