

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)	

LABORATORY

Etiology known? Yes No
 If etiology is unknown, were patient specimens collected? Yes No
 If yes, how many specimens collected? (provide numeric value) _____
 What were they tested for? (check all that apply) Bacteria Chemicals/Toxins Viruses Parasites

Genus	Species	Serotype	Confirmed outbreak etiology	Other characteristics	Detected in*	# Lab- confirmed cases
			<input type="checkbox"/> Yes			
			<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

WATER-SPECIFIC DATA

Recreational water, treated Recreational water, untreated Drinking water 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.