Public Health Information Report Form

INSTRUCTIONS
The purpose of this form is to summarize significant information about a public health episode possibly linked to contaminated water. VDH staff may use this form to advise utilities about the information they should be gathering when evaluating a potential public health episode. VDH staff may even wish to complete this form on behalf of the utility.

In the case of a threat warning due to a report from public health, it is likely that the public health agency will assume incident command during the investigation. The drinking water utility will likely play a support role during the investigation, specifically to help determine whether water might be the cause.

PUBLIC HEALTH NOTIFICATION

Date and Time of notification: ________________________________

Name of person who received the notification: _________________________

Contact information for individual providing the notification

Full Name: _______________________________________________________
Title: ___________________________________________________________
Organization: _____________________________________________________
Address: _________________________________________________________
Day-time phone: __________________________________________________
Evening phone: ___________________________________________________
Fax Number: _____________________________________________________
E-mail address: ___________________________________________________

Why is this person contacting the drinking water utility? _________________________

Has the state or local public health agency been notified? □ Yes □ No
If “No,” notify the appropriate public health official immediately.

DESCRIPTION OF PUBLIC HEALTH EPISODE

Nature of public health episode:

□ Unusual disease (mild) □ Unusual disease (severe) □ Death
□ Other: __________________________________________________________

Symptoms:

□ Diarrhea □ Vomiting/nausea □ Flu-like symptoms
□ Fever □ Headache □ Breathing difficulty
□ Other: __________________________________________________________
Describe symptoms: ________________________________________________________________

**Causative Agent:** □ Known □ Suspected □ Unknown
*If known or suspected, provide additional detail below*

□ Chemical □ Biological □ Radiological

Describe ________________________________________________________________

Estimate of time between exposure and onset of symptoms: ________________

**Exposed Individuals:**
Location where exposure is thought to have occurred
□ Residence □ Work □ School
□ Restaurant □ Shopping mall □ Social gathering
□ Other: _________________________________________________________________

Additional notes on location of exposure: ______________________________________

Collect addresses for specific locations where exposure is thought to have occurred.

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Is the pattern of exposure clustered in a specific area? □ Yes □ No

Extent of area
□ Single building □ Complex (several buildings) □ City block
□ Neighborhood □ Cluster of neighborhoods □ Large section of city
□ Other: _________________________________________________________________

Additional notes on extent of area: __________________________________________

Do the exposed individuals represent a disproportionate number of:
□ Immune compromised □ Elderly □ Children
□ Infants □ Pregnant women □ Women
□ Other: _________________________________________________________________
□ None, no specific groups dominates the makeup of exposed individuals
EVALUATION OF LINK TO WATER

Are the symptoms consistent with typical waterborne diseases, such as gastrointestinal disease, vomiting, or diarrhea? □ Yes □ No

Does the area of exposure coincide with a specific area of the system, such as a pressure zone or area feed by a specific plant? □ Yes □ No

Were there any consumer complaints within the affected area? □ Yes □ No

Were there any unusual water quality data within the affected area? □ Yes □ No

Were there any process upsets or operational changes? □ Yes □ No

Was there any construction/maintenance within the affected area? □ Yes □ No

Were there any security incidents within the affected area? □ Yes □ No

SIGNOFF
Name of person completing form:
Print name: ____________________________
Signature: ____________________________ Date/Time: ____________