

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: _____