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DRAFT

Form Approved
OMB No. 0920-0009

Tularemia Case Investigation Report

Date of report:

Case ID #:

Reporting and Basic Contact Information

Person reporting the case:

Person taking the report:

Agency/affiliation:

Agency/affiliation:

Phone number/Email:

Phone number/Email:

Has the local health department been notified?
☐ Yes ☐ No

If yes, provide name, phone number and/or email of contact person:

Treating Physician(s)

Phone number and/or email of contact person:

Hospital:

City/State:

Phone:

Patient Demographics

Age:

Sex:
☐ Female
☐ Male
☐ Unknown

Patient Ethnicity:
☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Unknown

Patient race: (select all that apply)
☐ American Indian/Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Unknown

Residence:
State: County: Zip:

Occupation: **Works primarily:** ☐ Indoors ☐ Outdoors ☐ Both ☐ Unknown

Medical History and Current Illness

Any underlying medical conditions?
☐ Yes
☐ No
☐ Unknown

If yes, please indicate all conditions that apply:
☐ Cancer
☐ Cardiovascular Disease
☐ Diabetes Mellitus
☐ Immunocompromised
☐ Pulmonary Disease
☐ Renal Disease
☐ For females - pregnant
Other (specify):

Date of initial symptom onset: ___/___/___ (mm/dd/yyyy)

Date first seen by medical person: ___/___/___ (mm/dd/yyyy)

Location where first seen:
☐ Emergency Department
☐ Hospital
☐ Outpatient clinic/office
☐ Urgent Care Center
☐ Unknown
☐ Other:

Symptoms at initial presentation:

	Yes	No	Unknown
Fever	☐	☐	☐
Sweats/chills/rigors	☐	☐	☐
Headache	☐	☐	☐
Cough	☐	☐	☐
Myalgias	☐	☐	☐
Chest pain	☐	☐	☐
Shortness of breath	☐	☐	☐
Skin lesions (e.g. papules, ulcer)	☐	☐	☐
Swollen/tender lymph nodes	☐	☐	☐
Conjunctival irratition/discharge	☐	☐	☐
Sore throat	☐	☐	☐
Weakness/lethargy/malaise	☐	☐	☐
Nausea, vomiting, and/or diarrhea	☐	☐	☐
Abdominal pain	☐	☐	☐

Other(s):

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Medical History and Current Illness (continued)

If known, vital signs at initial presentation: ***(if unknown, check here*** ☐***)*** **Date:** ____/____/____ (mm / dd / yyyy)

Temperature: _____ Blood pressure: _____/_____ Heart rate: _____ Respiratory rate: _____

Physical findings:	Yes	No	Unk	Description (e.g. location, size, tenderness, erythema, etc…):
Skin ulcer	☐	☐	☐	
Adenopathy	☐	☐	☐	
Pharyngitis/tonsillitis	☐	☐	☐	
Conjunctivitis	☐	☐	☐	
Other: _____				

Radiographic and Laboratory Findings

Chest X-ray:
☐ Yes (date: ____/____/____ mm dd yyyy)
☐ No
☐ Unknown

Results:
☐ Clear/normal
☐ Hilar adenopathy
☐ Infiltrates, unilateral
☐ Infiltrates, bilateral
☐ Interstitial changes
☐ Pleural effusion
☐ Pulmonary abscess
☐ Pulmonary nodules
☐ Unknown

Initial blood tests: (date: ____/____/____ mm dd yyyy)

WBC (x 10^3): _____ Differential (indicate %) Segs: _____ Bands: _____ Lymphs: _____

Hgb (mg/dl) or Hct: _____ Platelets (x 10^3): _____ BUN (U/dl): _____ Creatinine (mg/dl): _____

Tularemia testing:	Yes	No	Unk	Date specimen collected (mm / dd / yyyy)	Test(s) performed - Results (e.g. culture - positive, DFA - positive, PCR - negative)
Blood culture (1)	☐	☐	☐	____/____/____	
Blood culture (2)	☐	☐	☐	____/____/____	
Ulcer/wound swab	☐	☐	☐	____/____/____	
Lymph node aspirate	☐	☐	☐	____/____/____	
Sputum sample	☐	☐	☐	____/____/____	
_____	☐	☐	☐	____/____/____	

Serology: **S1:** Date drawn ____/____/____ (mm dd yyyy) Titer: _____ **S2:** Date drawn ____/____/____ (mm dd yyyy) Titer: _____

Francisella tularensis **subspecies identified:** ☐ Type A (i.e. *tularensis*) ☐ Type B (i.e. *holartica)*
☐ Other (specify: _____) ☐ Unknown

Clinical Course and Treatment

Was the patient hospitalized? ☐ Yes ☐ No ☐ Unknown Admit date: ____/____ (mm / (dd)) Discharge date: ____/____ (mm / dd)

Was the patient isolated? ☐ No ☐ Respiratory ☐ Contact ☐ Unknown Date isolated: ____/____ (mm / dd)

Did the patient receive antibiotics? ☐ Yes ☐ No ☐ Unknown

If yes, please list all antibiotics:	Date started (mm / dd)	Date stopped (mm / dd)	Dosage and schedule
1. _____	____/____	____/____	
2. _____	____/____	____/____	
3. _____	____/____	____/____	

Clinical Course and Treatment (continued)

If hospitalized, what was the maximum temperature noted within first 72 hours of hospitalization: _____
How many days elapsed from symptom onset until symptoms improved (i.e. afebrile for 24 hours): _____

Complications:	Yes	No	Unknown		Yes	No	Unknown
ARDS	☐	☐	☐	Multisystem (i.e. ≥ 2) organ failure	☐	☐	☐
Amputation/limb ischemia	☐	☐	☐	Renal failure (Cr >2.0 mg/dl)	☐	☐	☐
Bleeding/DIC	☐	☐	☐	Secondary pneumonia	☐	☐	☐
Cardiac arrest	☐	☐	☐	Shock (SBP <90 mmHg)	☐	☐	☐

Other(s): _____

Initial diagnosis given: _____
Number of days from initial diagnosis until tularemia diagnosis given: _____
Classification of clinical syndrome: ***(please check here if unknown*** ☐***)***

	Pneumonic	Ulceroglandular	Glandular	Oculoglandular	Oropharyngeal	Intestinal	Typhoidal
Primary (select one)	☐	☐	☐	☐	☐	☐	☐
Secondary (select all that apply)	☐	☐	☐	☐	☐	☐	☐

Outcome:
- ☐ Recovered, no complications
- ☐ Recovered, complications (please specify): _____
- ☐ Recovered, unknown complications
- ☐ Died (please specify cause and date of death): _____
- ☐ Unknown

Epidemiologic and Environmental Investigation

Possible exposure source and location: ***(please check all that apply)***

	Yes (specify location below)	No	Unknown
Contact with sick or dead animals	☐	☐	☐
Hunting, including contact with wild animals	☐	☐	☐
Lawnmowing or landscaping	☐	☐	☐
Tick, deerfly, or other biting fly bite	☐	☐	☐
Laboratory worker	☐	☐	☐
Contact or ingestion of uncooked meat	☐	☐	☐
Contact or ingestion of soil or untreated water	☐	☐	☐
Other (specify): _____	☐	☐	☐

Pets: Are there pets in the home? ☐No ☐Dog(s) ☐Cat(s) ☐Pocket pet(s) (e.g. hamster) ☐Other (specify below)
If have pets, are any ill or have any died? ☐No ☐Yes ☐Unknown
If have pets, have they brought home dead animals? ☐No ☐Yes ☐Unknown

Is this patient's illness associated with any other human tularemia cases? ☐No ☐Yes (specify below) ☐Unknown

Comments regarding the environmental and epidemiologic investigation (including exposures during 10 days preceeding illness onset; any travel within or outside of the United States; and/or explanations from above):