Plague Case Investigation Report

Last Name: _____ First Name: _____ Phone No: _____

Address: _____ City: _____

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Plague Case Investigation Report

Form Approved
OMB No. 0920-0009

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 ☐ For females - pregnant ☐ Diabetes Mellitus ☐ Immunocompromised ☐ Pulmonary Disease ☐ Renal Disease

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		Yes	No	Unknown
Fever	☐	☐	☐	Swollen tender glands	☐	☐	☐
Sweats/chills/rigors	☐	☐	☐	Sore throat	☐	☐	☐
Weakness/lethargy/malaise	☐	☐	☐	Headache	☐	☐	☐
Shortness of breath	☐	☐	☐	Confusion/delirium	☐	☐	☐
Chest pain	☐	☐	☐	Muscle/joint pains	☐	☐	☐
Cough	☐	☐	☐	Nausea, vomiting, and/or diarrhea	☐	☐	☐
Bloody sputum	☐	☐	☐	Abdominal pain	☐	☐	☐

Other(s): _____

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/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0009).

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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: _____

Bubo:
☐ Yes
☐ No
☐ Unknown

Location (please circle right or left):
☐ Axillary (Right or Left)
☐ Cervical (Right or Left)
☐ Femoral (Right or Left)
☐ Inguinal (Right or Left)
☐ Other: _____

Description (size, tenderness, erythema, etc..): _____

Insect bites or Skin ulcer:
(please circle bite, ulcer, or both)

☐ Yes ☐ No ☐ Unknown

Description of bite and/or ulcer (including location and date of onset): _____

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): _____

Bacteria seen on blood smear? ☐ Yes ☐ No ☐ Unknown (date of blood smear: ____/____/____)

Plague 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)	☐	☐	☐	____/____/____	_____
Bubo aspirate	☐	☐	☐	____/____/____	_____
Sputum sample	☐	☐	☐	____/____/____	_____
CSF sample	☐	☐	☐	____/____/____	_____
_____	☐	☐	☐	____/____/____	_____

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

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)

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): _____

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

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

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Clinical Course and Treatment (continued)

Complications:

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

Other(s): _____

Initial diagnosis given: _____

Number of days from initial diagnosis until plague diagnosis given: _____

Classification of clinical syndrome: ***(please check here if unknown ☐)***

	Bubonic	Pneumonic	Septicemic	Pharyngeal	Meningitic	Ocular	Gastrointestinal
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	☐	☐	☐
Exposure to abandoned burrows	☐	☐	☐
Hunting, including contact with wild animals	☐	☐	☐
Flea or insect bites	☐	☐	☐
Contact with someone ill or who has died in last week	☐	☐	☐
Contact with known plague patient	☐	☐	☐
Other (specify): _____	☐	☐	☐

Pets: Are there pets in the home? ☐ No ☐ Dogs (#_____) ☐ Cats (#_____) ☐ 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 plague cases? ☐ No ☐ Yes (specify below) ☐ Unknown
Did this patient's illness result in any secondary human plague 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; contact tracing of household, school/work, and community close contacts for pneumonic cases; and/or explanations from above):

_____

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