



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? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	Patient Ethnicity:	Patient race: (select all that apply)	
	Female Male Unknown	Hispanic or Latino Not Hispanic or Latino Unknown	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?	If yes, please indicate all conditions that apply:		
Yes No Unknown	Cancer Cardiovascular Disease For females - pregnant Other (specify):	Diabetes Mellitus Immunocompromised	Pulmonary Disease Renal Disease

Date of initial symptom onset: _____ / _____ / _____ mm dd yyyy	Location where first seen:
Date first seen by medical person: _____ / _____ / _____ mm dd yyyy	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).

Medical History and Current Illness (continued)

If known, vital signs at initial presentation: (if unknown, check here) Date: ___/___/___

Temperature: _____ Blood pressure: ___/___ Heart rate: _____ Respiratory rate: _____
mm dd yyyy

Bubo:	Location (please circle right or left):	Description (size, tenderness, erythema, etc.):
Yes	Axillary (Right or Left) Inguinal (Right or Left)	
No	Cervical (Right or Left) Other: _____	
Unknown	Femoral (Right or Left) _____	

Insect bites or Skin ulcer: **Description of bite and/or ulcer (including location and date of onset):**

(please circle bite, ulcer, or both)

Yes No Unknown _____

Radiographic and Laboratory Findings

Chest X-ray:

Yes (date: ___/___/___)

No mm dd yyyy

Unknown

Results:

Clear/normal

Hilar adenopathy

Infiltrates, unilateral

Infiltrates, bilateral

Interstitial changes

Pleural effusion

Pulmonary abscess

Pulmonary nodules

Unknown

Initial blood tests: (date: ___/___/___)

WBC (x 10³): _____ Differential (indicate %) Segs: _____ Bands: _____ Lymphs: _____
mm dd yyyy

Hgb (mg/dl) or Hct: _____ Platelets (x 10³): _____ 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 ___/___/___ Titer: _____ **S2:** Date drawn ___/___/___ Titer: _____
mm dd yyyy

Clinical Course and Treatment

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

Clinical Course and Treatment (continued)

Complications :	<u>Yes</u>	<u>No</u>	<u>Unknown</u>		<u>Yes</u>	<u>No</u>	<u>Unknown</u>
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 preceding 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):
