## **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 If yes, provide name, phone number and/or email of contact person: been notified? Yes Nο Treating Physician(s) Phone number and/or email of contact person: City/State: Hospital: Phone: **Patient Demographics** Patient Ethnicity: Patient race: (select all that apply) Age: Female Hispanic or Latino American Indian/Alaska Native Native Hawaiian or Pacific Islander Male Not Hispanic or Latino Asian White Black or African American Unknown Unknown Unknown Residence: State: \_\_\_ County:\_\_\_ Zip: Occupation: Works primarily: Indoors Outdoors Both Unknown **Medical History and Current Illness** If yes, please indicate all conditions that apply: Any underlying medical conditions? Cancer Diabetes Mellitus Pulmonary Disease Yes Cardiovascular Disease Immunocompromised Renal Disease No For females - pregnant Unknown Other (specify): Date of initial symptom onset: Location where first seen: dd **Urgent Care Center** mm **Emergency Department** уууу Hospital Unknown Date first seen by medical person: Outpatient clinic/office Other: mm Ьb уууу Symptoms at initial presentation: Unknown Yes No Unknown <u>Yes</u> No Skin lesions (e.g. papules, ulcer) Fever Swollen/tender lymph nodes Sweats/chills/rigors Conjunctival irratition/discharge Headache Sore throat Cough Weakness/lethargy/malaise Myalgias Chest pain Nausea, vomiting, and/or diarrhea Abdominal pain Shortness of breath Other(s):

CDC 0.56.50 (E), CDC Adobe Acrobat 5.0 Electronic Version, 1/2006 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 present	ation: (if unknown, check here									
Temperature: Blood pressu	ure:/ Heart rate									
Physical findings: Yes No Unk	Description (e.g. location, size, te	enderness, erythema, etc	):							
Skin ulcer										
Adenopathy										
Pharyngitis/tonsillitis										
Conjunctivitis										
Other:										
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://_dd	)									
WBC (x 10 <sup>3</sup> ): Differen	ntial (indicate %) Segs:	Bands: L	ymphs:							
Hgb (mg/dl) or Hct: Platelets (x 10 <sup>3</sup> ): 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//Titer: S2: Date drawn// Titer:										
Francisella tularensis subspecies identified: Type A (i.e. tularensis) Type B (i.e. holartica)										
	Other (specify:	•	wn							
Clinical Course and Treatment										
Was the patient hospitalized? Yes	s No Unknown Admit da		arge date:/_							
Was the patient isolated? No	Respiratory Contact	mm / (dd) Unknown Dat	te isolated:/							
Did the patient receive antibiotics? If yes, please list all antibiotics:	Yes No Unknow Date started Date stopp		mm / dd							
1	/									
2	/									
3										

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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: ARDS Amputation/limb i Bleeding/DIC Cardiac arrest Other(s):	<u>Ye</u> ischemia		<u>Unknown</u>	Multisystem (i.e. ≥ 2) orga Renal failure (Cr >2.0 mg Secondary pneumonia Shock (SBP <90 mmHg)	y/dl)	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	
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, unknown	ations (pl	ations	r): eath):					
	Epi	demiolo	gic and Env	ironmental Investigation					
Contact with sick or Hunting, including or Lawnmowing or land Tick, deerfly, or othe Laboratory worker Contact or ingestion Contact or ingestion	ontact with wild animadscaping or biting fly bite	<u>Y</u> ils vater	es (specify	that apply) location below)	<u>No</u>		<u>Unkno</u>	<u>own</u>	
If have pets	ets in the home? s, are any ill or have a s, have they brought h	ny died?		at(s) Pocket pet(s) (e.g No Yes Unkn No Yes Unkn	nown	) Othe	er (spe	ecify below)	
Is this patient's illn	ess associated with	any othe	er human tu	laremia cases? No	Yes (s	pecify bel	ow)	Unknown	
				c investigation (including e United States; and/or ex					