

Brucellosis Supplemental Form

Kansas Department of Health

Epidemiologic Case History

* indicates required fields

| | |
|--|---|
| Case Type* <i>Human Case Non Human Case</i> | Classification* <i>Confirmed Not a Case Probable Suspect Deleted Unknown</i> |
| Supplemental Form Status <i>Not Done Form Complete Form in Progress Form Approved Form Sent to CDC</i> | |

| |
|--|
| Report Date* <small>mm/dd/yyyy</small> |
|--|

Patient Demographic Information

* indicates required fields

| | | | | |
|-------------------|--------------------|--------------------|-------------------|------------|
| Last Name* | First Name* | Middle Name | Name Type* | Age |
|-------------------|--------------------|--------------------|-------------------|------------|

| | |
|--|---|
| Age Unit <i>Days Weeks Months Years</i> | Date of Birth <small>mm/dd/yyyy</small> |
|--|---|

| | | | |
|---|--------------|----------------------------------|-------------------------|
| Race* <small>(Check all that apply)</small> | | | |
| <i>American Indian or Alaska Native</i> | <i>Asian</i> | <i>Black or African American</i> | <i>White Unknown</i> |
| <i>Native Hawaiian or Other Pacific Islander</i> | <i>White</i> | <i>Unknown</i> | |

| |
|---|
| Ethnicity* <i>Hispanic or Latino Not Hispanic or Latino Unknown</i> |
|---|

| |
|---|
| Sex* <i>Failure to Report Female Male Other Transexual Unknown</i> |
|---|

| |
|-----------------------|
| Street Address |
|-----------------------|

| | | | |
|-------------|---------------|--------------|------------|
| City | County | State | Zip |
|-------------|---------------|--------------|------------|

| | |
|---|---|
| Evening Phone <small>###-###-####</small> | Daytime Phone <small>###-###-####</small> |
|---|---|

| |
|-------------------|
| Occupation |
|-------------------|

Person Providing Report

| |
|------------------------------------|
| Name of Reporting Facility* |
|------------------------------------|

Brucellosis Case Surveillance Report

| | | |
|--|--|--|
| Duration of Current Illness <small>Weeks</small> | Date of Original Onset, If Recurrence: <small>mm/dd/yyyy</small> | This Onset was <i>Acute Insidious Not Stated</i> |
|--|--|--|

| |
|--|
| Investigation Status <i>Active Canceled Completed New CDC Review Superseded</i> |
|--|

Clinical Illness and Therapy

Symptoms

| Symptoms | Duration or Severity | Comments or Additional Information |
|-------------------------------|----------------------|------------------------------------|
| Fever, Intermittent | | |
| Fever, Constant | | |
| Chills | | |
| Weight Loss | | |
| Sweating | | |
| Body Ache | | |
| Weakness | | |
| Headache | | |
| Malaise | | |
| Anorexia | | |
| Abscess (Bone, Joint, Muscle) | | |
| Other (specify below) | | |

Specify Other Symptom

Therapy

| Therapy Type | Duration | Route of Administration | Comments or Additional Information |
|-----------------------|----------|-------------------------|------------------------------------|
| Tetracycline | | | |
| Streptomycin | | | |
| Sulfonamides | | | |
| Bed Rest | | | |
| Other (specify below) | | | |

Specify Other Therapy

Probable Source of Infection

| | | |
|--|---|-----------------------|
| Type of Work or Activity at Onset | Animal Contact within 6 Months Prior to Onset <i>Yes No Unknown</i> | If Yes, Place: |
|--|---|-----------------------|

| | | |
|--|--|--|
| Dates: | | |
| From <small>mm/dd/yyyy</small> | To <small>mm/dd/yyyy</small> | |

Probable Source of Infection cont.

Commercial Establishments (includes stockyards, slaughterhouses, packinghouses, dairies, meathandlers, etc.)

| Animal Contact | Brucellosis Status | Abortions Noted |
|-----------------------|--------------------|-----------------|
| Cattle (Beef) | | |
| Cattle (Dairy) | | |
| Swine | | |
| Other (specify below) | | |

Specify Other Commercial Establishment Animal

Family Owned Animals

| Animal Contact | Brucellosis Status | Abortions Noted |
|-----------------------|--------------------|-----------------|
| Cattle (Beef) | | |
| Cattle (Dairy) | | |
| Swine | | |
| Other (specify below) | | |

Use of Milk or Milk Products

| Type of Product | Pasteurized | Date of Last Consumption Prior to Onset | Source of MILK |
|-----------------|-------------|---|----------------|
| | | mm/dd/yyyy | |
| | | | |
| | | | |

| | | |
|--|---|--|
| Exposure to Brucella Vaccine <i>Yes No Unknown</i> | If Yes, Date and Type of Exposure: | County Under Control Program <i>Yes No Unknown</i> |
|--|---|--|

If Yes
 (Check all that apply)
Modified Certified (Bovine) Certified Free (Bovine) Validated (Swine)

Additional information about recrudescant cases or those with insidious onset - type of work or activity, contact with animals, species and frequency, place of contact, dates: