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 (onset date _____)	☐	☐	☐	Nausea, vomiting, and/or diarrhea	☐	☐	☐
Bloody sputum	☐	☐	☐	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: _____

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)	_____

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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