



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: 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 Other (specify): _____	Diabetes Mellitus Immunocompromised	Pulmonary Disease Renal Disease

Date of initial symptom onset: _____ mm / dd / yyyy	Location where first seen: Emergency Department Hospital Outpatient clinic/office	Urgent Care Center Unknown Other: _____
Date first seen by medical person: _____ mm / dd / yyyy		

Symptoms at initial presentation:	<u>Yes</u> <u>No</u> <u>Unknown</u>	<u>Yes</u> <u>No</u> <u>Unknown</u>
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): _____		

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 B74, 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: _____

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:	Results:		
Yes (date: ___/___/___)	Clear/normal	Infiltrates, bilateral	Pulmonary abscess
No (mm dd yyyy)	Hilar adenopathy	Interstitial changes	Pulmonary nodules
Unknown	Infiltrates, unilateral	Pleural effusion	Unknown

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

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

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: _____

Clinical Course and Treatment

Was the patient hospitalized? Yes No Unknown Admit date: ___/___/___ Discharge date: ___/___/___

Was the patient isolated? No Respiratory Contact Unknown Date isolated: ___/___/___

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. _____ / _____ / _____

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):
