Plague Case Investigation Report

Last Name: | First Name: | Phone No:

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Plague Case Investigation Report

Form Approved
OMB No. 0920-0009

Date of report: 11/15/2000 **Case ID #:** 29279482

Reporting and Basic Contact Information

Person reporting the case:	**Person taking the report**:
Hug	hug
Agency/affiliation:	**Agency/affiliation**:
hug	hug
Phone number/Email:	**Phone number/Email**:
(232) - 23432	(234) - tgd2@cdc gov

Has the local health department been notified? ☐ Yes ☑ No

If yes, provide name, phone number and/or email of contact person: hug

Treating Physician(s)	**Phone number and/or email of contact person**:
hugf	- 2984 @ goiu
f	- 234

Hospital: | **City/State:** | **Phone:** (234) -

Patient Demographics

Age: 5 1/2

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: COdkdkd 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): hug

Date of initial symptom onset: 02 / 30 / 2010 (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 11/15/2000)	☑	☐	☐	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: 23 Blood pressure: 151/____ 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: hug

Description (size, tenderness, erythema, etc..): hug hug

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: 02/05/2003 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: 02/____/2002)

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	☐	☐	☐	____/____/____	
hug	☐	☐	☐	____/____/____	hug

Serology: **S1:** Date drawn 02/03/2002 (mm dd yyyy) Titer: ls hug **S2:** Date drawn 05/22/2002 (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: 72

How many days elapsed from symptom onset until symptoms improved (i.e. afebrile for 24 hours): 14

Did the patient receive antibiotics? ☑ Yes ☐ No ☐ Unknown

If yes, please list all antibiotics:	Date started	Date stopped	Dosage and schedule
1. ls hug	04/03	02/03	hug is IS
2.	____/____	12/28	
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): Will this hug

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): Hug	☐	☐	☐

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):

hujsd

hug

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