MONTANA Department of Public Health & Human Services

Send completed forms to DPHHS CDEpi Program
Fax: 800-616-7460

LHJ Use **ID** _____
☐ **Reported to DPHHS** **Date** ___/___/___
LHJ Classification ☐ **Confirmed** ☐ **Probable**
By: ☐ **Lab** ☐ **Clinical** ☐ **Epi Link:** _____

☐ **Outbreak-related**
LHJ Cluster: _____
DPHHS Outbreak: _____

Brucellosis

County

REPORT SOURCE

Initial report date ___/___/___
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation start date: ___/___/___

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Zip code (school or occupation): _____ Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ___/___/___ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ___/___/___ ☐ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y N DK NA
☐ ☐ ☐ ☐ **Fever** Highest measured temp: _____ °F
Type: ☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk
☐ ☐ ☐ ☐ **Recurring fever**
Number of attacks: _____
Days between attacks: _____
☐ ☐ ☐ ☐ **Sweats**
☐ ☐ ☐ ☐ **Headache**
☐ ☐ ☐ ☐ **Fatigue**
☐ ☐ ☐ ☐ **Arthritis or arthralgia**
☐ ☐ ☐ ☐ **Loss of appetite (anorexia)**
☐ ☐ ☐ ☐ **Weight loss with illness**

Predisposing Conditions

Y N DK NA
☐ ☐ ☐ ☐ Pregnant
Estimated delivery date ___/___/___
OB name, address, phone: _____
_____
_____
☐ ☐ ☐ ☐ Miscarriage or stillbirth
☐ ☐ ☐ ☐ Neonatal
Delivery location: _____
☐ ☐ ☐ ☐ Postpartum mother (≤ 6 weeks)

Clinical Findings

Y N DK NA
☐ ☐ ☐ ☐ Endocarditis
☐ ☐ ☐ ☐ Osteomyelitis
☐ ☐ ☐ ☐ Orchitis

Hospitalization

Y N DK NA
☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____
Admit date ___/___/___ Discharge date ___/___/___

Y N DK NA
☐ ☐ ☐ ☐ Died from illness Death date ___/___/___
☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

Collection date ___/___/___
Source _____

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

P N I O NT
☐ ☐ ☐ ☐ ☐ ***Brucella* antibodies ≥ 160 without 4-fold rise (serum) [*Probable* case]**
☐ ☐ ☐ ☐ ☐ ***Brucella* culture (clinical specimen)**
☐ ☐ ☐ ☐ ☐ ***Brucella* immunofluorescence (clinical specimen)**
☐ ☐ ☐ ☐ ☐ ***Brucella* antibodies elevated but < 4-fold rise (serum pair)**
☐ ☐ ☐ ☐ ☐ ***Brucella* antibodies with ≥ 4-fold rise (serum pair ≥ 2 wks apart)**
☐ ☐ ☐ ☐ ☐ **Confirmed at state or federal public health lab**

NOTES

Case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered DPHHS CD002 (Rev. 12/12)

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

	Exposure period		onset
Days from onset:	-60	-5	
Calendar dates:			

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____
_____
_____

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
☐ ☐ ☐ ☐ If infant, confirmed infection in birth mother
☐ ☐ ☐ ☐ Unpasteurized milk (cow)
☐ ☐ ☐ ☐ Other unpasteurized milk (e.g. sheep, goat)
☐ ☐ ☐ ☐ Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)
☐ ☐ ☐ ☐ **Use RB51 vaccine to vaccinate cattle?**

☐ **Patient could not be interviewed**
☐ **No risk factors or exposures could be identified**

Y N DK NA

☐ ☐ ☐ ☐ Case or household member lives or works on farm or dairy
☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
Animal birthing/placentas ☐**Y** ☐**N** ☐**DK** ☐**NA**
Animal (specify): _____
☐ ☐ ☐ ☐ Wildlife or wild animal exposure
☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere
Cattle, cow or calf ☐**Y** ☐**N** ☐**DK** ☐**NA**
Dog or puppy ☐**Y** ☐**N** ☐**DK** ☐**NA**
Goat ☐**Y** ☐**N** ☐**DK** ☐**NA**
Pigs or swine ☐**Y** ☐**N** ☐**DK** ☐**NA**
Sheep ☐**Y** ☐**N** ☐**DK** ☐**NA**
☐ ☐ ☐ ☐ Employed in laboratory
☐ ☐ ☐ ☐ Parenteral or mucous membrane *Brucella* vaccine exposure
☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____

Most likely exposure/site: _____ **Site name/address:** _____

Where did exposure probably occur? ☐ In MT (County: _____) ☐ US but not MT ☐ Not in US ☐ Unk

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA

☐ ☐ ☐ ☐ Prophylaxis given prior to illness onset
☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Name: _____
Date/time antibiotic treatment began: ___/___/___ _____ AM PM # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset? Date: ___/___/___
Agency and location: _____
Specify type of donation: _____
☐ ☐ ☐ ☐ Potential bioterrorism exposure

PUBLIC HEALTH ACTIONS

☐ Investigation of raw milk dairy
☐ Notify blood or tissue bank
☐ Follow-up/prophylaxis of laboratorians exposed to specimen
☐ Other, specify: _____

NOTES

Investigator _____ **Phone/email:** _____ **Investigation complete date** ___/___/___

Local health jurisdiction _____ **Record complete date** ___/___/___

Brucellosis: case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered