

Plague Case Investigation Report



OMB No. 0920-0728

Case ID #: _____

Patient History

Age: _____ years	Sex:	Patient Ethnicity:	Patient race: (select all that apply)	
	Female	Hispanic or Latino	American Indian/Alaska Native	Native Hawaiian or Pacific Islander
	Male	Not Hispanic or Latino	Asian	White
	Unknown	Unknown	Black or African American	Unknown/other

Residence:	Concurrent conditions:
State: _____	Pregnant
County: _____	Immunocompromised (please specify): _____

Course of Current Illness

Date of initial symptom onset: _____ mm/dd/yyyy	Was the patient hospitalized?	Yes	No	Unknown
Date first seen by a medical person: _____ mm/dd/yyyy	Admit date: _____ mm/dd/yyyy	Discharge date: _____ mm/dd/yyyy		

Symptoms at presentation:								
Fever/sweats/chills	Yes	No	Unknown	Cough	Yes	No	Unknown	
Confusion/delirium	Yes	No	Unknown	Chest Pain	Yes	No	Unknown	
Vomiting/diarrhea/abdominal pain	Yes	No	Unknown	Shortness of breath	Yes	No	Unknown	
Sore throat	Yes	No	Unknown	Other: _____				

Localized signs:									
Bubo	Yes	No	Unknown	If yes, specify:	Axillary	Cervical	Inguinal/Femoral	Other	
Insect bites/skin ulcer	Yes	No	Unknown	Location/description:	_____				
Chest X-ray:	Not Done	Unknown	Infiltrates or nodules	Pleural effusion	Clear/normal				

Treatment:				Illness outcome:			
Receipt of effective antibiotics (check all that were administered):				Recovered, no complications			
Aminoglycosides	start date:	_____ mm/dd/yyyy		Recovered, complications (please specify):			
(e.g., streptomycin, gentamicin)				_____			
Tetracyclines	start date:	_____ mm/dd/yyyy		Recovered, unknown complications			
(e.g., doxycycline)				Died (please specify cause and date of death):			
Fluoroquinolones	start date:	_____ mm/dd/yyyy		_____			
(e.g., ciprofloxacin, levofloxacin)				Unknown			

Primary clinical syndrome:				Secondary pneumonic plague:		
Bubonic	Septicemic	Pneumonic	Unknown	Yes	No	Unknown
Pharyngeal	Meningitic	Gastrointestinal				

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 D-74, Atlanta, Georgia 30329-4027; ATTN: PRA (0920-0728).

Laboratory Evidence of Infection

Detection or Isolation

Yersinia pestis cultured? Yes No Unknown
Specimen source Date specimen collected
(e.g., blood, bubo aspirate)

mm/dd/yyyy

If not cultured, presence of *Y. pestis* detected?

Yes No Unknown

Specimen source Date specimen collected

mm/dd/yyyy

Test performed (e.g., DFA or PCR) _____

Serology:

None Single positive titer ≥ 4 -fold change in titer

Serum 1:

Date drawn _____
mm/dd/yyyy

Titer: _____

Serum 2:

Date drawn _____
mm/dd/yyyy

Titer: _____

Plague Case Status

Confirmed A clinically-compatible case with either *Y. pestis* cultured from a clinical specimen or ≥ 4 -fold change in serum antibody titer

Probable A clinically-compatible case with either detection (not isolation) of *Y. pestis* in a clinical specimen or a single positive antibody titer (or < 4 -fold change in titer)

Not a case

Epidemiologic Investigation

Was this illness epi-linked to any other plague cases? Yes No Unknown Specify: _____

Most likely location of exposure: State: _____ County: _____

Likely exposure setting: Around the person's home Recreational (away from home)

Possible routes of exposure: In the 2 weeks preceding illness, did the patient report:

Flea or insect bites? Yes No Unknown

Animal contact? Yes No Unknown

If yes, type of animal Wild (specify: _____) Domestic pet (specify: _____)

What was the nature of the contact? Bitten Scratched Disposed/handled deceased animal
Cleaned carcass Consumed hunted game meat

Person-to-person transmission from a known plague patient Yes No Unknown

Other possible exposure type: specify _____

Evidence of *Yersinia pestis* infected animals or fleas in the likely exposure location?

Yes No Unknown (If yes, specify: _____)

Additional comments: