

Tularemia Case Investigation Report



OMB No. 0920-0728

Case ID #: _____

Patient History									
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/other						
Residence: State: _____ County: _____			Concurrent conditions: Pregnant 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:									
<i>Lymphadenopathy</i>	Yes	No	Unknown	<i>Conjunctivitis</i>	Yes	No	Unknown		
Location/description: _____									
<i>Skin lesions</i> (e.g., ulcer, papules)	Yes	No	Unknown	<i>Pharyngitis/tonsillitis</i>	Yes	No	Unknown		
Location/description: _____									
<i>Chest X-ray:</i>	Not Done	Unknown	Infiltrates or nodules	Pleural effusion					
Treatment:					Illness outcome:				
Receipt of effective antibiotics (check all that were administered):					Recovered, no complications				
Aminoglycosides (e.g., streptomycin, gentamicin)	start date: _____		mm/dd/yyyy		Recovered, complications (please specify): _____				
Tetracyclines (e.g., doxycycline)	start date: _____		mm/dd/yyyy		Recovered, unknown complications				
Fluoroquinolones (e.g., ciprofloxacin, levofloxacin)	start date: _____		mm/dd/yyyy		Died (please specify cause and date of death): _____				
					Unknown				
Primary clinical syndrome:									
Ulceroglandular	Oculoglandular	Typhoidal	Meningitic						
Glandular	Oropharyngeal	Pneumonic	Unknown						

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 30333; ATTN: PRA (0920-0728).

Laboratory Evidence of Infection

Detection or Isolation

F. tularensis cultured? Yes No Unknown
Specimen source Date specimen collected
(e.g., blood, wound swab)
_____ mm/dd/yyyy

If not cultured, presence of *F. tularensis* detected?
Yes No Unknown
Specimen source Date specimen collected
_____ mm/dd/yyyy

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

F. tularensis subspecies:

Type A (i.e., *tularensis*) Type B (i.e., *holarctica*) Unknown

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: _____

Tularemia Case Status

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

Probable A clinically-compatible case with either detection (not isolation) of *F. tularensis* 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 tularemia cases? Yes No Unknown Specify: _____

Was this illness associated with travel? Yes No Unknown Specify: _____

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

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

Tick or deerfly bite? Tick Deerfly No Unknown insect type

Contact with or ingestion of untreated water? Yes No Unknown

Environmental aerosol-generating activities (e.g., brush-cutting, lawnmowing, high-pressure spraying)?

Yes No Unknown (If yes, specify: _____)

Other exposure: specify _____

Additional comments: