# Plague Case Investigation (Form 1)

STATE ☐☐ Case Report # _ _ _ _ _ _

## Patient Information

1. DATE OF CASE INTERVIEW: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

2. NAME OF PERSON FILING THIS CASE: Last _____ First _____ TELEPHONE: ☐☐☐ Area Code ☐☐☐-☐☐☐☐ Number

3. PATIENT'S NAME: Last _____ First _____ Middle Name: _____ Suffix: _____ Nickname: _____

4. DATE OF BIRTH: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

5. AGE _____

6. GENDER ☐ Male ☐ Female

7. UNIQUE IDENTIFYING NUMBER (Select one):
Social Security #: _ _ _-_ _-_ _ _ _
State ID/Drivers License: _____
Other: _____

8. RACE: Mark all that apply
☐ White
☐ Black/African American
☐ Asian/Pacific Islander
☐ Native American/Alaskan
☐ Other, Please specify: _____

9. ETHNICITY: ☐ Hispanic ☐ Non-Hispanic

10. OCCUPATION: _____

11. HOME ADDRESS: _____
Street Address, Apt No. City State Zip Code

12. TELEPHONE: Home: ☐☐☐ Area Code ☐☐☐-☐☐☐☐ Number Work: ☐☐☐ Area Code ☐☐☐-☐☐☐☐ Number Other: ☐☐☐ Area Code ☐☐☐-☐☐☐☐ Number

13. INTERVIEW LANGUAGE: _____

14. COUNTRY OF BIRTH: _____

15. INFORMATION PROVIDED BY: ☐ Case ☐ Household Member ☐ Other Family Member ☐ Other (Specify): _____

IF NOT CASE, NAME: Last _____ First _____ Middle Initial: _____

TELEPHONE: Home: ☐☐☐ Area Code ☐☐☐-☐☐☐☐ Number Work: ☐☐☐ Area Code ☐☐☐-☐☐☐☐ Number

## Medical Information

16. DID PATIENT VISIT AN EMERGENCY ROOM? ☐ Yes ☐ No ☐ Unknown IF YES, DATE/TIME OF ER VISIT: _____ AM / PM ☐☐ Month ☐☐ Day ☐☐☐☐ Year

NAME OF EMERGENCY ROOM/HEALTH CARE FACILITY: _____
Street Address City State

17. ER CHIEF COMPLAINT: _____

18. ER DISCHARGE DIAGNOSIS: _____

19. ADMITTED TO HOSPITAL? ☐ Yes ☐ No ☐ Unknown IF YES, DATE OF ADMISSION: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

HOSPITAL NAME: _____
Street Address City State

HOSPITAL TELEPHONE: ☐☐☐ Area Code ☐☐☐-☐☐☐☐ Number

HOSPITAL FAX: ☐☐☐ Area Code ☐☐☐-☐☐☐☐ Number

MEDICAL RECORD #: _____

## Signs and Symptoms

20. WHEN DID PATIENT FIRST BECOME ILL? _____ AM / PM ☐☐ Month ☐☐ Day ☐☐☐☐ Year

21. DID PATIENT HAVE FEVER (>38°C) AS PART OF THIS ILLNESS? ☐ Yes ☐ No ☐ Unknown

MAXIMUM TEMPERATURE: _____ °F / °C

DATE/TIME OF FEVER ONSET: ☐☐ Month ☐☐ Day ☐☐☐☐ Year _____ AM / PM

22. DID PATIENT HAVE COUGH AS PART OF THIS ILLNESS? ☐ Yes ☐ No ☐ Unknown DATE/TIME COUGH ONSET: ☐☐ Month ☐☐ Day ☐☐☐☐ Year _____ AM / PM

23. CLINICAL PRESENTATION (See plague case definition at end of this form): (Mark all that apply)

☐ Pneumonic plague ☐ Ocular plague ☐ Pharyngeal plague ☐ Bubonic plague
☐ Septicemic plague ☐ Meningeal plague ☐ Other _____



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## Epidemiologic Information

DATE OF CASE INTERVIEW: Month Day Year

24. LIST ALL LOCATIONS AND EVENTS VISITED BY PATIENT DURING THE 7 DAYS BEFORE ONSET OF ILLNESS:

DAY #1 DATE: ___/___/_____ LOCATION(S): _____
EVENTS/ACTIVITIES: _____

DAY #2 DATE: ___/___/_____ LOCATION(S): _____
EVENTS/ACTIVITIES: _____

DAY #3 DATE: ___/___/_____ LOCATION(S): _____
EVENTS/ACTIVITIES: _____

DAY #4 DATE: ___/___/_____ LOCATION(S): _____
EVENTS/ACTIVITIES: _____

DAY #5 DATE: ___/___/_____ LOCATION(S): _____
EVENTS/ACTIVITIES: _____

DAY #6 DATE: ___/___/_____ LOCATION(S): _____
EVENTS/ACTIVITIES: _____

DAY #7 DATE: ___/___/_____ LOCATION(S): _____
EVENTS/ACTIVITIES: _____

26. HAS THE PATIENT BEEN IN CONTACT WITH ANY OTHER PERSONS DIAGNOSED WITH PLAGUE? ☐ Yes ☐ No ☐ Unknown
IF YES, PLEASE LIST NAME AND CONTACT INFORMATION FOR EACH PERSON.

#1 Last Name: _____ First Name: _____ Address/Phone: _____
#2 Last Name: _____ First Name: _____ Address/Phone: _____
#3 Last Name: _____ First Name: _____ Address/Phone: _____

28. DOES THE PATIENT KNOW ANYONE ELSE WITH SIMILAR ILLNESS? ☐ Yes ☐ No ☐ Unknown
IF YES, PLEASE LIST NAME AND CONTACT INFORMATION FOR EACH PERSON.

#1 Last Name: _____ First Name: _____ Address/Phone: _____
#2 Last Name: _____ First Name: _____ Address/Phone: _____
#3 Last Name: _____ First Name: _____ Address/Phone: _____
#4 Last Name: _____ First Name: _____ Address/Phone: _____
#5 Last Name: _____ First Name: _____ Address/Phone: _____

## Contact Tracing

27. LIST ALL HOUSEHOLD MEMBERS, VISITORS, FAMILY, AND FRIENDS WHO HAD CLOSE CONTACT* WITH PATIENT AFTER ILLNESS ONSET.
(*Face-to-face contact, defined as contact within 2 meters/6.6 feet)

Name: _____ Relationship: _____ Name: _____ Relationship: _____
Name: _____ Relationship: _____ Name: _____ Relationship: _____
Name: _____ Relationship: _____ Name: _____ Relationship: _____
Name: _____ Relationship: _____ Name: _____ Relationship: _____
Name: _____ Relationship: _____ Name: _____ Relationship: _____

28. IDENTIFY PROVIDERS OF EMERGENCY MEDICAL ASSISTANCE OR TRANSPORTATION OF PATIENT TO HOSPITAL.

_____

_____

29. LIST NAMES OF ALL CO-WORKERS/OTHER ASSOCIATES (not listed above) PATIENT HAS HAD CLOSE CONTACT* WITH SINCE SYMPTOMS DEVELOPED:
(*Face-to-face contact, defined as contact within 2 meters/6.6 feet)

#1 Last Name: _____ First Name: _____ Address/Phone: _____
#2 Last Name: _____ First Name: _____ Address/Phone: _____
#3 Last Name: _____ First Name: _____ Address/Phone: _____
#4 Last Name: _____ First Name: _____ Address/Phone: _____
#5 Last Name: _____ First Name: _____ Address/Phone: _____
#6 Last Name: _____ First Name: _____ Address/Phone: _____
#7 Last Name: _____ First Name: _____ Address/Phone: _____
#8 Last Name: _____ First Name: _____ Address/Phone: _____
#9 Last Name: _____ First Name: _____ Address/Phone: _____
#10 Last Name: _____ First Name: _____ Address/Phone: _____



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## Laboratory Information

DATE OF CASE INTERVIEW: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

30. LAB TESTING FOR PLAGUE? ☐ Yes ☐ No ☐ Unknown

| | DATE COLLECTED (mm/dd/yyyy) | SPECIMEN TYPE (e.g. Blood, lymph node aspirate, sputum, CSF, serum, etc.) | RESULT Positive | RESULT Negative | RESULT Indeterminate |
|---|---|---|---|---|---|
| DFA (direct fluorescent antibody) | ___/___/_____ | _____ | ☐ | ☐ | ☐ |
| DFA | ___/___/_____ | _____ | ☐ | ☐ | ☐ |
| DFA | ___/___/_____ | _____ | ☐ | ☐ | ☐ |
| PCR (polymerase chain reaction) | ___/___/_____ | _____ | ☐ | ☐ | ☐ |
| PCR | ___/___/_____ | _____ | ☐ | ☐ | ☐ |
| PCR | ___/___/_____ | _____ | ☐ | ☐ | ☐ |
| IHC (immunohistochemical staining) | ___/___/_____ | _____ | ☐ | ☐ | ☐ |
| IHC | ___/___/_____ | _____ | ☐ | ☐ | ☐ |
| IHC | ___/___/_____ | _____ | ☐ | ☐ | ☐ |
| Culture | ___/___/_____ | _____ | ☐ | ☐ | ☐ |
| Culture | ___/___/_____ | _____ | ☐ | ☐ | ☐ |
| Culture | ___/___/_____ | _____ | ☐ | ☐ | ☐ |

Antimicrobial sensitivity: ___/___/_____ Resistance to: ☐ Gentamicin ☐ Doxycycline ☐ Ciprofloxacin ☐ Other: _____

Serum antibody titer (acute) ___/___/_____ Titer: _____
Serum antibody titer (convalescent) ___/___/_____ Titer: _____
Serum antibody titer (_____) ___/___/_____ Titer: _____

## Case Classification

32. IS THIS CASE: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a plague case
(See plague case definition below)

IF NOT A PLAGUE CASE, DIAGNOSIS: _____

33. IF A CASE OF PLAGUE, IS THIS CASE EPIDEMIOLOGICALLY LINKED TO A CONFIRMED OR PROBABLE CASE? ☐ Yes ☐ No ☐ Unknown

IF YES, TYPE OF EPI-LINK: ☐ Household contact NAME OF EPI-LINK _____

☐ Workplace contact

☐ Other contact: _____

## Plague Case Definition and Classification

Clinical Definition: Plague is characterized by abrupt onset of fever, chills, head and body aches, malaise, prostration, and a polymorphonuclear leukocytosis (usually >10,000 per cubic mm), and take one or more of the following principal forms:

- Bubonic plague: regional lymphadenitis
- Septicemic plague: sepsis; primary or secondary
- Pneumonic plague: severe pneumonia resulting from inhalation of infectious droplets or aerosols (primary pneumonic plague); or from hematogenous spread in bubonic or septicemic cases (secondary pneumonic plague)
- Pharyngeal plague: pharyngitis, usually with cervical lymphadenitis

Case Classification and Laboratory Testing:

*Suspected Case*: A clinically compatible case, supported by finding stained organisms in clinical specimens that have features of *Yersinia pestis*.

*Probable Case*: A clinically compatible case with presumptive laboratory results (DFA test positive, PCR evidence, or a single elevated serum antibody titer to the F1 antigen) or a clinically compatible case during and within the geographic boundaries of an outbreak with known confirmed isolation of *Y. pestis*.

*Confirmed Case*: A clinically compatible case with confirmatory isolation of *Y. pestis*, or a fourfold or greater change in antibody titer to F1 antigen. Immunohistochemical staining of the organism can be considered confirmatory, when isolation or serological confirmation is not possible.

DATA MANAGEMENT USE ONLY:

DATE ENTERED IN SYSTEM: ☐☐ Month ☐☐ Day ☐☐☐☐ Year ENTERED BY (INITIALS): _____