



Send completed forms to DOH Communicable Disease Epidemiology
 Fax: 206-418-5515

LHJ Use ID _____
 Reported to DOH Date ___/___/___
LHJ Classification Confirmed
 Probable
 By: Lab Clinical
 Other: _____
Outbreak # (LHJ) _____ (**DOH**) _____

DOH Use ID _____
Date Received ___/___/___
DOH Classification
 Confirmed
 Probable
 No count; reason: _____

Plague

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
 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: _____
 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
 Chills
 Headache
 Muscle aches or pain (myalgia)
 Malaise
 Cough
 Onset date: ___/___/___
 Productive Y N DK NA
 Sore throat
 Tender, swollen glands

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

Laboratory

Collection date ___/___/___
Y N DK NA
 Leukocytosis
 (Probable) Elevated serum antibody titer (without 4-fold rise) to *Yersinia pestis*
 (Probable) Detection of F1 antigen by fluorescent assay (clinical specimen)
 ***Y. pestis* isolation (clinical specimen)**
 Fourfold or greater rise in *Y. pestis* serum antibody titer by agglutination testing

Clinical Findings

Y N DK NA
 Regional lymphadenitis ("bubo")
 Location: Inguinal Femoral
 Cervical Right axillary Left axillary
 Other location: _____
 Size: _____
 Tender Y N DK NA
 Erythematous Y N DK NA
 Respiratory distress
 Pharyngitis
 Pneumonia
 Hemoptysis
 Skin ulcer
 Sepsis syndrome
 Bubonic plague
 Pneumonic plague
 Septicemic plague

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Exposure period*
Days from onset: -7 -1

onset

Contagious period

Rarely spread person to person unless in pneumonic form—then contagious while symptomatic

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: _____

Y N DK NA

- Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____
- Case knows anyone with similar symptoms
- Epidemiologic link to a confirmed human case**
- Direct contact with a confirmed human case
- Attended social gatherings or crowded setting
- Occupational exposure
 Laboratory worker Veterinarian
 Other: _____
- Handled sick or dead animal
Type: _____
Date of exposure: ___/___/___:
- Handled tissue of infected animal
Type: _____
Date of exposure: ___/___/___:

Y N DK NA

- Exposure to pets
Cat or kitten Y N DK NA
Dog or puppy Y N DK NA
Other: _____
Pet free-roaming? Y N DK NA
Was the pet sick? Y N DK NA
- Wildlife or wild animal exposure
Specify: _____
- Slept in cabin or outside
- Slept in places with evidence of rodents (e.g. animals, nest, excreta)
- Wild rodent or wild rodent excreta exposure
Where rodent exposure probably occurred: _____
- Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)
- Insect or tick bite
 Deer fly Flea Mosquito Tick
 Louse Other: _____ Unk
Location of insect or tick exposure
 WA county Other state Other country
 Multiple exposures Unk
Date of exposure: ___/___/___

- Patient could not be interviewed
- No risk factors or exposures could be identified

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

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

PATIENT PROPHYLAXIS/TREATMENT

Y N DK NA

- Antibiotics prescribed for this illness Name: _____
Date antibiotic treatment began: ___/___/___ # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

Y N DK NA

- Potential bioterrorism exposure
- Outbreak related

PUBLIC HEALTH ACTIONS

- Pest control
 Rodent
 Flea
- Education on rodent control
- Isolation while symptomatic (pulmonary or pharyngeal)
- Chemoprophylaxis and quarantine (for 7 days) of contacts, including medical personnel
- Other, specify: _____

NOTES

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

Local health jurisdiction _____