ID assigned in database _____ (*Official use only*)

If plague is suspected, please contact CDPHE at 303-692-2700 before completing this form!

Plague Case Investigation Report – Clinical

Date of Report: ____/____/____ (*Shaded areas to be filled in but not to be placed in the database*)

Person making call: _____ Person taking call: _____

Agency: _____ Agency: _____

Contact Information: _____ Contact Information: _____

Patient ID

Patient Name:
Last _____ First _____ Middle _____

Address: _____

_____

Telephone: (____)_____ Other contact information: _____

Patient Demographics

ID: CDC _____ State _____

City: _____ State: _____ County: _____
DOB: _____ Age: _____ Gender: □ Male □ Female
Race/Ethnicity: □ White (non Hispanic) □ White (Hispanic) □ Black □ Asian
□ Pacific Islander □ American Indian/Alaskan native □ Unknown
□ Other: _____
Occupation location: □ Inside only □ Outside only □ Inside and Outside □ Unknown
Occupation: _____ □ Unknown
Exposure Address (if different from above): _____

Exposure City: _____ Exposure State: _____ Exposure County: _____

Medical History

Any underlying medical conditions? □ Yes □ No □ Unknown

Medical conditions:	Yes	No	Unknown
Diabetes	□	□	□
Immunocompromised	□	□	□
Renal disease (Renal failure, dialysis)	□	□	□
Heart Disease (Coronary Artery Disease, Heart attack)	□	□	□
Lung disease (asthma, emphysema)	□	□	□
Cancer (specify type below)	□	□	□

Other, specify _____

_____

Medications prior to becoming ill: (check all that apply and specify)

□ Chemotherapy □ Systemic Steroids □ Antibiotics
□ Antivirals □ Antifungals □ Antidiabetics agents
□ Cardiovascular agents □ Psychotherapeutic agents □ Respiratory agents
□ Hormones/Contraceptives Other/Specify:_____

_____

For females, pregnant: □ Yes □ No □ Unknown

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Disease Onset

Date of onset of initial symptoms: ____/____/_____ □ unknown

Date first seen by medical person: ____/____/_____ □ unknown

Where? □ Office □ Clinic □ Emergency department □ Urgent care center
□ Hospital □ Unknown □ Other _____

Symptoms at presentation □ No symptoms recorded

	Yes	No	Unk		Yes	No	Unk
Fever	□	□	□	Muscle/Joint Pains	□	□	□
Sweats/Chills	□	□	□	Anorexia	□	□	□
Weakness/Lethargy/Malaise	□	□	□	Nausea	□	□	□
Shortness of breath	□	□	□	Vomiting	□	□	□
Chest Pain	□	□	□	Diarrhea	□	□	□
Cough	□	□	□	Abdominal Pain	□	□	□
Bloody sputum	□	□	□	Sore Throat	□	□	□
Dizziness	□	□	□	Runny nose	□	□	□
Confusion/Delirium	□	□	□	Insect Bite/Wound infection	□	□	□
Shock or Cardiac Arrest	□	□	□	Swollen tender glands	□	□	□
Stiff neck/Photophobia	□	□	□	which? □ Axillary; □ Cervical; □ Inguinal; □ Other			
Headache	□	□	□	Other symptoms _____			

Vital Signs (at initial presentation)

Temperature: _____ °F or °C (circle) Heart Rate: _____

Respiratory Rate: _____ Blood pressure _____/_____

Date antibiotic treatment first started: _____/_____/_____ (record specific antibiotics below)

Date hospitalized: _____/_____/_____ □ Not hospitalized □ Unknown

Hospitalized where? _____

_____

Laboratory Findings

CXR done? □ Yes □ No □ Unknown, if yes, date: ____/____/____ □ Unknown

Results: □ Clear/Normal; □ Unilateral infiltrate; □ Bilateral infiltrate; □ Pleural effusion;
□ Hilar adenopathy; □ Pulmonary abscess; □ Pulmonary nodules; □ Interstitial changes

Initial blood counts Results *(circle one)*: Known/Unknown

If results known, record below:

WBC ($x10^3$) _____ Differential (indicate %) Seg ____ Bands ____ Lymphs ____

Monos ____ Baso ____ Eos ____ Atyp Lymphs ____ Other _____

Platelet count ($x\ 10^3$) _____ BUN (U/dL) _____

Hemoglobin (mg/dL) _____ OR Hct _____ Creantinine (mg/dL) _____

Diagnosis of Plague determined **first** by: (*circle one*) Date: ____/____/____

Staining Serology Culture – blood/Sputum/Bubo PCR

If staining, what type? □ DFA □ Gram □ Wayson □ Wrights □ Giemsa

Bacteria seen on blood smear: □ Yes □ No □ Unknown Date: _____/_____/_____

What? _____

Blood cultures taken: □ Yes □ No □ Unknown

Date: _____/_____/_____ Results _____

Date: _____/_____/_____ Results _____

Date: _____/_____/_____ Results _____

Date: _____/_____/_____ Results _____

Date: _____/_____/_____ Results _____

ID assigned in database _____ (*Official use only*)

Bubo aspirate obtained: □ Yes □ No □ Unknown Date: _____/_____/_____
Where? (circle) Axilla/Inguinal/Cervical/Other Results: □ POS □ NEG

Sputum sample obtained: □ Yes □ No □ Unknown Date: _____/_____/_____
Results: □ POS □ NEG if positive, organism _____

CSF sample obtained: □ Yes □ No □ Unknown Date: _____/_____/_____
Results: WBC _____ diff: seg _____ lymps _____ Monos _____ other _____
RBC _____ Protein _____ Glucose _____
Culture: □ POS □ NEG if positive, organism _____

Serologies (*circle one*)
Date drawn: ____/_____/_____ Acute/Convalescent/Unknown Results _____
Date drawn: ____/_____/_____ Acute/Convalescent/Unknown Results _____
Date drawn: ____/_____/_____ Acute/Convalescent/Unknown Results _____

Clinical Course/Treatment

Antibiotic Therapy

Did they get treated with antibiotics? □ Yes □ No □ Unknown

Antibiotic	*Yes*	*No*	*Unk*	*Date started*	*Date stopped*
Chloramphenicol	□	□	□	___/___/____	___/___/___
Ciprofloxacin (Cipro)	□	□	□	___/___/____	___/___/___
Co-trimoxazole (Septra, Septrin, Bactrim, TMP-SMX)	□	□	□	___/___/____	___/___/___
Doxycycline (Vibramycin, Monodox)	□	□	□	___/___/____	___/___/___
Gentamicin	□	□	□	___/___/____	___/___/___
Streptomycin	□	□	□	___/___/____	___/___/___
Tetracycline	□	□	□	___/___/____	___/___/___
Other Antibiotic 1: _____				___/___/____	___/___/___
Other Antibiotic 2: _____				___/___/____	___/___/___
Other Antibiotic 3: _____				___/___/____	___/___/___
Other Antibiotic 4: _____				___/___/____	___/___/___
Other Antibiotic 5: _____				___/___/____	___/___/___

If side effect noted, which antibiotic and what was the reaction: _____
_____

Maximum temperature noted within first 72 hours of hospitalization _____ °F or °C (circle)
Date when improvement noted (i.e., afebrile for 24 hours): ____/____/____,
OR Number of days into illness _____ □ unknown

Was the patient in isolation? □ Yes □ No □ Unknown
Date isolated: _____/_____/_____
Type: □ Respiratory □ Contact □ Other_____
Date of hospital discharge: ____/____/____ □ Never hospitalized □ unknown

Complications during hospitalization: (□ *unknown*)	Yes	No	Unknown
Bacterial Sepsis (positive blood culture)	□	□	□
Bleeding/DIC	□	□	□
Limb ischemia	□	□	□
Amputation If yes, what? _____	□	□	□
Shock (SBP <90)	□	□	□
Secondary Pneumonia	□	□	□
Cardiac Arrest	□	□	□
Renal Failure (Creatinine >2.0mg/dL)	□	□	□

ID assigned in database _____ (*Official use only*)

Complications during hospitalization (*Cont.*) Yes No Unknown

Multisystem organ failure (two or more organs involved, i.e., elevated liver enzymes, kidney failure, intubated) □ □ □

Intubated □ □ □

Date intubated ____/____/____ Date extubated ____/____/____

Other (specify) _____

Initial diagnosis given: _____ □ unknown

Date when plague diagnosis first given: _____/_____/_____ □ unknown

PRIMARY Form of plague as diagnosed (check one only):

Bubonic Plague □ Pneumonic Plague □ Septicemic Plague □

Pharyngeal Plague □ Meningitic Plague □ Ocular Plague □

Gastrointestinal □ Unknown □

Secondary form of plague (check as many as that apply): None □

Bubonic Plague □ Pneumonic Plague □ Septicemic Plague □

Pharyngeal Plague □ Meningitic Plague □ Ocular Plague □

Gastrointestinal □ Unknown □

Outcome: □ Unknown

□ Recovered, no complications □ Recovered, complications unknown

□ Recovered, with complications,

Please specify_____

□ Died; Date _____/_____/_____ Autopsy performed: □ Yes □ No □ Unknown

Cause of death _____

Contact During Illness

Indicate Name, type of exposure and date of exposure if known

Family and Household: _____

_____

Work or school: _____

_____

Friend/Acquaintances: _____

_____

Hospital: _____

_____

Environmental Investigation

Source and type of infection: □ Unknown

□ Contact with known plague patient, Indicate ID case number if known _____

□ Contact with someone ill in last week □ Ingestion □ Hunting □ Flea bite

□ direct animal handling, what animal? _____

was the animal? □ healthy, □ dead, □ sick, or □ unknown

□ Other activity _____

Where is the most likely source of exposure?

□ In or around home □ Away from home, indicate where below

List places traveled to in last 10 days: _____

_____

Presence of pets in the home:

□ Dog □ Cat □ Other _____

□ Indoor only □ Outdoor only □Indoor/Outdoor

Principal habitat classification: _____

Other pertinent information: _____