



# Typhus, murine

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_  
 Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 LHJ Classification  Confirmed  
 Probable  
 By:  Lab  Clinical  
 Epi Link: \_\_\_\_\_

Outbreak-related  
 LHJ Cluster# \_\_\_\_\_  
 LHJ Cluster Name: \_\_\_\_\_  
 DOH Outbreak # \_\_\_\_\_

## REPORT SOURCE

LHJ notification date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Reporter (check all that apply)  
 Lab  Hospital  HCP  
 Public health agency  Other  
 OK to talk to case?  Yes  No  Don't know

Investigation start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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: \_\_\_\_\_  
 Zip code (school or occupation): \_\_\_\_\_ 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)**  
    **Generalized pains**  
    **Rash**  
    **Nausea**  
    **Vomiting**

### Hospitalization

- Y N DK NA  
    **Hospitalized at least overnight for this illness**  
 Hospital name \_\_\_\_\_  
 Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Y N DK NA  
    **Died from illness** Death date \_\_\_\_/\_\_\_\_/\_\_\_\_  
    Autopsy Place of death \_\_\_\_\_

### Clinical Findings

- Y N DK NA  
    Prostration  
    **Rash observed by health care provider**  
 Rash distribution: \_\_\_\_\_  
 Generalized  Localized  Centrifugal  
 Maculopapular  Petechial  
 Other: \_\_\_\_\_

### Laboratory

- Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Source \_\_\_\_\_  
 P N I O NT  
     **Typhus IgM or IgG elevated [Probable case]**  
     **Typhus PCR (clinical specimen)**  
     **Typhus antibodies with ≥ 4-fold rise (serum pair, at same lab)**  
     **Typhus immunohistochemical stain (tissue)**

P = Positive O = Other  
 N = Negative NT = Not Tested  
 I = Indeterminate

## NOTES

\_\_\_\_\_

**INFECTION TIMELINE**

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

**Exposure period**

o  
n  
s  
e  
t

Days from onset: -14 -7

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: \_\_\_\_\_
- Case knows anyone with similar symptoms
- Epidemiologic link to a confirmed human case**
- Insect bite  
 Flea  Louse  Unk  
Location of insect exposure  
 WA county  Other state  Other country  
 Multiple exposures  Unk  
Date of exposure: \_\_\_/\_\_\_/\_\_\_
- Slept in places with evidence of rodents (e.g. animals, nest, excreta)

**Y N DK NA**

- Wild rodent or wild rodent excreta exposure  
Where rodent exposure probably occurred: \_\_\_\_\_
- Cleaned wild rodent nests or excreta
- Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)
- Exposure to squirrel infested building
- 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: \_\_\_\_\_

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

**Exposure details:** \_\_\_\_\_

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

**PATIENT PROPHYLAXIS/TREATMENT**

**Y N DK NA**

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

**PUBLIC HEALTH ISSUES**

**PUBLIC HEALTH ACTIONS**

- Education on pest control
  - Rodent
  - Flea
- Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_/\_\_\_/\_\_\_

Local health jurisdiction \_\_\_\_\_ Record complete date \_\_\_/\_\_\_/\_\_\_