



# Plague

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 \_\_\_/\_\_\_/\_\_\_ Investigation start date \_\_\_/\_\_\_/\_\_\_  
 Reporter (check all that apply)  Lab  Hospital  HCP  
 Public health agency  Other  
 OK to talk to case?  Yes  No  DK Date of interview \_\_\_/\_\_\_/\_\_\_

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  Unk  
 Race (check all that apply)  
 American Indian/Alaska Native  Asian  
 Native HI/other PI  Black/Afr Amer  
 White  Other  Unk

## 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 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 \_\_\_\_\_

### Laboratory

Collection date \_\_\_/\_\_\_/\_\_\_  
 Source \_\_\_\_\_  
 P = Positive O = Other  
 N = Negative NT = Not Tested  
 I = Indeterminate

### 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**

P N I O NT  
     Leukocytosis  
     **Y. pestis antibodies elevated but < 4-fold rise (serum pair) with no history of vaccination [Probable case]**  
     **Y. pestis F1 antigen by fluorescent assay (clinical specimen) [Probable case]**  
     **Y. pestis culture (clinical specimen)**  
     **Y. pestis antibodies with ≥ 4-fold rise**  
     **Y. pestis nucleic acid detection (i.e. PCR)**

### 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  
 Calendar dates:

o  
n  
s  
e  
t

**Contagious period**

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

**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 bite  
    Flea   Unk  
 Location of insect exposure  
  WA county   Other state   Other country  
  Multiple exposures   Unk  
 Date of exposure: \_\_\_/\_\_\_/\_\_\_

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**

**Y N DK NA**

Potential bioterrorism exposure

**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 \_\_\_\_\_ Record complete date \_\_\_/\_\_\_/\_\_\_