



# Rare Diseases of Public Health Significance

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

Rare disease being reported: \_\_\_\_\_  
 Y N DK NA  
    Fever Highest measured temp: \_\_\_\_ °F  
 Type:  Oral  Rectal  Other: \_\_\_\_  Unk  
    Headache  
    Difficulty breathing  
    Confusion  
    Tremors or hand shakes  
    Seizures new with disease  
    Muscle aches or pain (myalgia)  
    Diarrhea  
    Vomiting  
    Rash

### 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 Place of death \_\_\_\_\_

### Laboratory

P N I O NT  
     Specimens collected for lab testing  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Specimen type: \_\_\_\_\_  
 Results: \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Specimen type: \_\_\_\_\_  
 Results: \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Specimen type: \_\_\_\_\_  
 Results: \_\_\_\_\_  
 \_\_\_\_\_

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

(Results of lab tests should be entered into the notes field)

### Clinical Findings

Y N DK NA  
    Neurologic abnormalities: \_\_\_\_\_  
    Altered mental status  
    Paralysis or weakness  
    Acute flaccid paralysis  Asymmetric  
    Symmetric  Ascending  Descending  
    Pneumonitis  
    Pneumonia  
    Rash observed by health care provider  
    Complications, specify: \_\_\_\_\_  
    Leukocytosis  
    Admitted to intensive care unit  
    Preliminary diagnosis established  
 Diagnosis: \_\_\_\_\_  
    Final diagnosis established  
 Diagnosis: \_\_\_\_\_

## NOTES

**EXPOSURES**

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: \_\_\_\_\_  
\_\_\_\_\_
- Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: \_\_\_\_\_
- Contact with recent foreign arrival  
Specify country: \_\_\_\_\_
- Epidemiologic link to a confirmed human case**
- Case knows anyone with similar symptoms
- Congregate living
  - Barracks  Corrections  Long term care
  - Dormitory  Boarding school  Camp
  - Shelter  Other: \_\_\_\_\_

Y N DK NA

- 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: \_\_\_/\_\_\_/\_\_\_
- Employed in laboratory
- Occupational exposure  
Occupation: \_\_\_\_\_  
Date of exposure: \_\_\_/\_\_\_/\_\_\_
- Blood, organ or tissue transplant recipient  
Date of receipt: \_\_\_/\_\_\_/\_\_\_

**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

**PUBLIC HEALTH ISSUES**

Y N DK NA

- Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset Date: \_\_\_/\_\_\_/\_\_\_  
Agency and location: \_\_\_\_\_  
Specify type of donation: \_\_\_\_\_
- Suspected person to person transmission
- Bioterrorism related

**PUBLIC HEALTH ACTIONS**

- Isolation precautions
- Prophylaxis of appropriate contacts recommended:
  - Household members  Roommates
  - Child care contacts  Playmates  Other children
  - Other patients  Medical personnel  EMTs
  - Co-workers  Teammates  Carpools
  - Other close contacts: \_\_\_\_\_
- Notify blood or tissue bank
- Other, specify: \_\_\_\_\_

**NOTES**

\_\_\_\_\_

Investigator _____ Phone/email: _____	Investigation complete date ___/___/___
Local health jurisdiction _____	Record complete date ___/___/___