



Brucellosis

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
 Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____
 OK to talk to case? Yes No DK Date of interview ___/___/___

PATIENT INFORMATION

Name (last, first) _____ Birth date ___/___/___ Age _____
 Address _____ Homeless Gender F M Other Unk
 City/State/Zip _____ Ethnicity Hispanic or Latino
 Not Hispanic or Latino Unk
 Phone(s)/Email _____
 Alt. contact Parent/guardian Spouse Other Name: _____
 Zip code (school or occupation): _____ Phone: _____
 Occupation/grade _____
 Employer/worksite _____ School/child care name _____

Race (check all that apply)
 Amer Ind/AK 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
 Recurring fever: Number of attacks: _____
 Days between attacks: _____
 Sweats
 Headache
 Fatigue
 Arthralgia
 Loss of appetite (anorexia)
 Weight loss with illness
 Muscle aches (myalgia)

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

Predisposing Conditions

Y N DK NA
 Pregnant, estimated delivery date: ___/___/___
 OB name, address, phone: _____
 Miscarriage or stillbirth
 Neonatal
 Delivery location: _____
 Postpartum mother (≤ 6 weeks)

P N I O N T

Brucella antibodies ≥ 160 by SAT or BMAT without 4-fold rise (in 1 or more serum specimens) [Probable case]
 Brucella DNA detected by PCR (clinical specimen) [Probable case]
 Brucella culture and identification (clinical specimen)
 Brucella antibodies with ≥ 4-fold rise (serum pair ≥ 2 wks apart)
 Confirmed at state or federal public health lab

Clinical Findings

Y N DK NA
 Endocarditis
 Osteomyelitis
 Arthritis or spondylitis
 Orchitis or epididymitis
 Meningitis

NOTES

INFECTION TIMELINE

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

Exposure period

Days from onset: -60 -5

Calendar dates:

o
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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 or animal case**
- If infant, confirmed infection in birth mother
- Unpasteurized milk (cow)
- Other unpasteurized milk (e.g. sheep, goat)
- Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)
- Case or household member lives or works on farm or dairy

Y N DK NA

- Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
Animal birthing/placentas Y N DK NA
Animal (specify): _____
- Wildlife or wild animal exposure
- Any contact with animals at home or elsewhere
- Cattle, cow or calf
- Dog or puppy
- Goat
- Pigs or swine
- Sheep
- Employed in laboratory
- Parenteral or mucous membrane *Brucella* vaccine exposure
- Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____

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

- Prophylaxis given prior to illness onset
- Antibiotics prescribed for this illness Name: _____
Date antibiotic treatment began: ___/___/___ # days antibiotic actually taken: _____

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: _____
- Potential bioterrorism exposure

PUBLIC HEALTH ACTIONS

- Investigation of raw milk dairy
- Notify blood or tissue bank
- Follow-up/prophylaxis of laboratorians exposed to specimen
- Other, specify: _____

NOTES

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

Local health jurisdiction _____ Record complete date ___/___/___