



# Tularemia

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

## 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  
 Phone(s)/Email \_\_\_\_\_ Race (check all that apply)  
 Amer Ind/AK Native  Asian  
 Native HI/other PI  Black/Afr Amer  
 White  Other  Unk  
 Alt. contact  Parent/guardian  Spouse  Other Name: \_\_\_\_\_  
 Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Occupation/grade \_\_\_\_\_  
 Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

## CLINICAL INFORMATION

Onset date: \_\_\_/\_\_\_/\_\_\_  Derived Diagnosis date: \_\_\_/\_\_\_/\_\_\_ Illness duration: \_\_\_\_\_ days

### Signs and Symptoms

Y N DK NA  
    **Diarrhea** Maximum # of stools in 24 hours: \_\_\_\_\_  
    **Abdominal cramps or pain**  
    **Vomiting**  
    **Fever** Highest measured temp: \_\_\_\_\_ °F  
 Type:  Oral  Rectal  Other: \_\_\_\_\_  Unk  
    Headache  
    **Conjunctivitis**  
    Sore throat  
    Chest pain  
    **Breathing difficulty or shortness of breath**

### 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  
    **Bacteremia**  
    **Sepsis syndrome**  
    **Pneumonia**  
 X-ray result:  P  N  I  O  NT  
    **Pleural disease**  
    **Preauricular lymphadenopathy**  
    **Regional lymphadenitis**  
    **Cervical lymphadenitis with pharyngitis, stomatitis, or tonsillitis**  
    **Cutaneous ulcer**  
    Complications:  ARDS  bleeding/DIC  
 amputation/ischemia  cardiac arrest  
 multi-system (>=2) organ failure  
 renal failure  secondary pneumonia  
 shock (SBP <90 mmHg)  
 other: \_\_\_\_\_

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

### Laboratory

Collection date \_\_\_/\_\_\_/\_\_\_  
 Source \_\_\_\_\_  
 P N I O NT  
     **F. tularensis fluorescent assay in a clinical specimen [Probable]**  
     **F. tularensis antibodies elevated but < 4-fold rise and no prior tularemia vaccination [Probable]**  
     **F. tularensis culture (clinical specimen)**  
     **F. tularensis antibodies with ≥ 4-fold rise (serum pair)**  
     **F. tularensis nucleic acid detection (PCR) [Probable]**  
     Animal submitted for tularemia testing  
 Animal test results:  P  N  I  O  NT  
 Lab submitted to: \_\_\_\_\_

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

## NOTES

**INFECTIOUS TIMELINE**

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

**Exposure period**

Days from onset: -14 -1

Calendar dates:

o  
n  
s  
e  
t

**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**

Case knows anyone with similar symptoms  
    Attended social gatherings or crowded setting  
    Employed in laboratory  
    Exposed to domestic or wild rabbit  
    Hunted or skinned animals  
    Wildlife or wild animal exposure (dead/sick/alive?)  
    Other exposure to animal or bird  
 Specify: \_\_\_\_\_  
    Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)  
 Specify animal: \_\_\_\_\_  
    Exposure to pets, type(s): \_\_\_\_\_  
 Ill  Died  Brought dead animals home

**Y N DK NA**

Insect or tick bite  
 Deer fly  Other biting fly  Mosquito  
 Tick  Unk  
 Location of insect or tick exposure  
 WA county  Other state  Other country  
 Multiple exposures  Unk  
 Date: \_\_/\_\_/\_\_  
    Source of drinking water known  
 Individual well  Shared well  
 Public water system  Bottled water  
 Other: \_\_\_\_\_  
    Drank untreated/unchlorinated water (e.g. surface, well)  
    Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)  
    Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work, landscaping)  
    Inhalation of dust from soil, grain, or hay

**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: \_\_\_\_\_  
    Potential bioterrorism exposure

**PUBLIC HEALTH ACTIONS**

Notify blood or tissue bank  
 **Follow-up to assess exposure of laboratorians to specimen**  
 Date initiated \_\_/\_\_/\_\_  
 Other, specify: \_\_\_\_\_

**NOTES**

\_\_\_\_\_

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

Tularemia: case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked/Not answered