



Anthrax (skin, lung, GI)

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)
 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
 Flu-like symptoms
 Cough Onset date ____/____/____
 Chest pain
 Difficulty breathing
 Diarrhea Maximum # of stools in 24 hours: ____
 Bloody diarrhea
 Abdominal cramps or pain
 Coal-black scab surrounded by non-tender, swollen rim

Clinical Findings

- Y N DK NA
 Respiratory distress
 Mediastinal widening on chest x-ray
 Regional lymphadenopathy
 Location: _____
 Cutaneous ulcer with edema and black eschar
 Oropharyngeal mucosal lesion
 Sepsis syndrome
 Admitted to intensive care unit
 Cutaneous anthrax
 Inhalation anthrax
 Gastrointestinal anthrax

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 _____

Vaccinations

- Y N DK NA
 Anthrax vaccine in past
 Date of last vaccination (mm/yyyy): ____/____/____

Laboratory

Collection date ____/____/____
 Source _____

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

- P N I O NT
 B. anthracis culture at reference lab
 B. anthracis antigen by immunohistochemistry by cell wall and capsule monoclonal antibodies
 Fourfold rise in antibodies using CDC anti-PA IgG ELISA (paired sera)
 B. anthracis DNA (e.g. LRN PCR) [probable if no environmental exposure]
 Quick ELISA Anthrax-PA test on serum [probable]
 Detection of Lethal Factor (LF) by LF mass spectrometry [probable]
 B. anthracis culture, RedLine Alert [probable]

INFECTION TIMELINE

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

Days from onset: -7 -1

Calendar dates:

o
n
s
e
t

* This may extend up to 60 days in unusual cases.

EXPOSURE (Refer to dates above)

<p>Y N DK NA</p> <p><input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Travel out of the state, out of the country, or outside of usual routine Out of: <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Country Dates/Locations: _____ _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Case knows anyone with similar symptoms</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Epidemiologic link to a confirmed human case</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Epidemiologic link to a documented exposure</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Attended social gatherings or crowded setting</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hunted or skinned animals</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contact with animal carcass Date: ___/___/___</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contact with unprocessed animal product <input type="checkbox"/> Hair <input type="checkbox"/> Wool <input type="checkbox"/> Hide <input type="checkbox"/> Bones <input type="checkbox"/> Raw meat Date: ___/___/___</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any contact with animals at home or elsewhere Cattle, cow or calf <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> NA Goat <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> NA Sheep <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> NA Other: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wildlife or wild animal exposure Specify: _____</p>	<p>Y N DK NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other animal exposure Specify animal: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Consumed raw or undercooked meat Date: ___/___/___</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Outdoor or recreational activities (e.g. gardening, hunting, camping, yard work)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inhalation of dust from soil, grain, or hay</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Employed in laboratory</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse) Specify animal: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Works handling/opening mail, packages, shipments Location: _____ Handled suspicious mail <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> NA Date: ___/___/___</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In room with suspicious mail <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> NA Date: ___/___/___</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nearby when suspicious mail opened <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> NA Date: ___/___/___</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other occupational exposure <input type="checkbox"/> Veterinarian <input type="checkbox"/> Agricultural worker <input type="checkbox"/> Wildlife worker <input type="checkbox"/> Other: _____</p>
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Where did exposure probably occur? In WA (County: _____) US but not WA Not in US Unk

Exposure details: _____

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

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA

Antibiotics prescribed for this illness Antibiotic name: _____
 Date/time antibiotic treatment began: ___/___/___ _____ AM PM # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

Y N DK NA

Potential bioterrorism exposure

Biohazard issues

PUBLIC HEALTH ACTIONS

- Notify blood or tissue bank
- Initiate trace-back investigation
- Educate on proper disposal of animal carcass (no necropsy)
- Biohazard protocol
- Report to agriculture department
- Follow-up/prophylaxis of laboratorians exposed to specimen
- Other, specify: _____

NOTES

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