Plague required variables are in **bold**. Answers are: Yes, No, Unknown to case

---

**ADMINISTRATIVE**

Investigator

LHJ Case ID (optional) ________________________________

**DEMOGRAPHICS**

Age at symptom onset ____/____/______  ☐ Years  ☐ Months

Ethnicity ☐ Hispanic or Latino  ☐ Not Hispanic or Latino  ☐ Unk

Race (check all that apply) ☐ Unk  ☐ Amer Ind/AK Native

☐ Asian  ☐ Black/African Amer  ☐ Native HI/other PI

☐ White  ☐ Other

Primary language _________________________________

Interpreter needed ☐ Yes  ☐ No  ☐ Unk

**REPORT SOURCE**

Initial report source ________________________________

LHJ ________________________________

Reporter organization ________________________________

Reporter name ________________________________

Reporter phone ________________________________

**COMMUNICATIONS**

Primary HCP name ________________________________

Phone ________________________________

OK to talk to patient (If Later, provide date)

☐ Yes  ☐ Later ____/____/______  ☐ Never

Date of interview attempt ____/____/______

☐ Complete  ☐ Partial  ☐ Unable to reach

Patient could not be interviewed

Alternate contact ☐ Parent/Guardian  ☐ Spouse/Partner

☐ Friend  ☐ Other ________________________________

Contact name ________________________________

Contact phone ________________________________

**CLINICAL INFORMATION**

Complainant ill ☐ Yes  ☐ No  ☐ Unk

Symptom Onset ____/____/______  ☐ Derived

Diagnosis date ____/____/______

Illness duration _______  ☐ Days  ☐ Weeks  ☐ Months  ☐ Years

Clinical Features

Primary clinical syndrome ☐ Bubonic  ☐ Pneumonic  ☐ Septicemic

Secondary clinical syndrome ☐ Bubonic  ☐ Pneumonic  ☐ Septicemic

☐ Y  ☐ N  ☐ Unk

☐ ☐ ☐ Any fever, subjective or measured

Temp measured? ☐ Yes  ☐ No

Highest measured temp _______ºF

☐ ☐ ☐ Chills or rigors

☐ ☐ ☐ Pharyngitis (sore throat)

☐ ☐ ☐ Headache

☐ ☐ ☐ Fatigue

☐ ☐ ☐ Malaise

☐ ☐ ☐ Myalgia (muscle aches or pain)

☐ ☐ ☐ Arthralgia (joint pain)

☐ ☐ ☐ Bloody sputum

☐ ☐ ☐ Chest pain
Y  N  Unk
Cough  Dyspnea (shortness of breath)  Respiratory distress  Pneumonia  Secondary pneumonia  Confusion  Regional lymphadenitis (bubo)  Septicemia  Shock  Skin abscess or ulcer  Amputation/limb ischemia  Cardiac arrest  Disseminated intravascular coagulopathy (DIC)  Multisystem organ failure (failure of 2 or more organs)  Renal failure (Cr > 2.0 mg/dl)  Intubation

Predisposing Conditions
Y  N  Unk
Cardiovascular disease  Pulmonary disease  Chronic kidney disease  Diabetes mellitus  Cancer  Immunosuppressive therapy, condition, or disease  Other underlying medical condition

Physician Reporting/Patient Health Care
Date first seen by health care provider ___/___/___  Location where first seen __________________________
Heart rate when first seen __________  Blood pressure when first seen __________/__________

Vaccination
Y  N  Unk
Vaccination for plague  
Vaccine information available  Yes  No
Date of vaccine administration ___/___/___  Vaccine administered (Type) __________________________
Vaccine lot number _________________________  Administering provider ________________________

Clinical Testing
Date initial blood tests ___/___/___

Y  N  Unk
White blood cell count obtained (white blood cell count x 10³)
Percent bands ______  Percent segments ______  Percent lymphocytes ______

Hospitalization
Y  N  Unk
Hospitalized at least overnight for this illness  Facility name __________________________
Hospital admission date ___/___/___  Discharge ___/___/___  HRN _______________________
Disposition  Another acute care hospital  Facility name __________________________
  Died in hospital  
  Long term acute care facility  Facility name __________________________
  Long term care facility  Facility name __________________________
  Non-healthcare (home)  Unk  Other __________________

Admitted to ICU  Date admitted to ICU ___/___/___  Date discharged from ICU ___/___/___
Mechanical ventilation or intubation required
Still hospitalized  As of ___/___/___

Y  N  Unk
Died of this illness  Death date ___/___/___  Please fill in the death date information on the Person Screen
Autopsy performed  
Death certificate lists disease as a cause of death or a significant contributing condition
Location of death  Outside of hospital (e.g., home or in transit to the hospital)  Emergency department (ED)
  Inpatient ward  ICU  Other ____________________________
### Risk and Response

(Ask about exposures 1-7 days before symptom onset)

#### Travel

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="#" alt="Travel out of options" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Setting 1**
- County/City
- State
- Country
- Other

**Setting 2**
- County/City
- State
- Country
- Other

**Setting 3**
- County/City
- State
- Country
- Other

#### Destination name

Start and end dates

<table>
<thead>
<tr>
<th>/</th>
<th>to</th>
<th>/</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### Risk and Exposure Information

- Is case a recent foreign arrival (e.g., immigrant, refugee, adoptee, visitor)
- Does the case know anyone else with similar symptoms or illness

#### Outdoor or recreational activities (e.g., lawn mowing, gardening, hunting, hiking, camping, sports, yard work)

- Activity: Outdoor recreation, Cabin, Hunting, Lawn mowing, Other

#### Contact setting/relationship to case

- Common Event
- Common meal
- Daycare
- Female sexual partner
- Male sexual partner
- Friend
- Household contact
- Workplace
- Travel contact
- Other

#### Any contact with pet animals at home or elsewhere

- Cats or kittens
- Dogs or puppies
- Rats, mice, gerbils or hamsters
- Pocket or “exotic” pets (ferrets, pygmy hedgehogs, sugar gliders, guinea pigs, prairie dogs, etc.)

#### Pets free roaming

- Wildlife or wild animal exposure

#### Indoor contact

- Handled sick or dead animals
- Handled tissue of infected animals

#### Observation

- Observe any animals or insects/evidence of animals or insects (e.g., droppings) around home/work

#### Other

- Fleas
- Rodents

#### Occupational exposure

- Lab worker
- Veterinarian

#### Exposure and Transmission Summary

- Epidemiologic link to a confirmed human case

#### Likely geographic region of exposure

- In Washington – county
- Not in US - country

#### International travel related

- During entire exposure period
- During part of exposure period
- No international travel

#### Suspected exposure type

- Animal related
- Vectorborne
- Person to person
- Health care associated

#### Suspected exposure setting

- Day care/Childcare
- School (not college)
- Home
- Work
- College
- Military
- Correctional facility
- Place of worship
- Laboratory
- Long term care facility
- Homeless/shelter
- International travel
- Out of state travel
- Transit
- Social event
- Large public gathering
- Restaurant
- Hotel/motel/hostel
- Other

---

Case Name ___________________________________  LHJ Case ID __________________

Plague required variables are in **bold**. Answers are: Yes, No, Unknown to case
## Exposure summary

Suspected transmission type  
- Person to person
- Health care associated
- Unk
- Other

Describe

Suspected transmission setting  
- Day care/Childcare
- School (not college)
- Home
- Work
- College
- Military
- Correctional facility
- Place of worship
- Laboratory
- Long term care facility
- Homeless/shelter
- International travel
- Out of state travel
- Transit
- Social event
- Large public gathering
- Restaurant
- Hotel/motel/hostel
- Other

### Public Health Issues

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness resulted in any secondary cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attended social gatherings or crowded settings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential bioterrorism exposure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify FBI or public safety</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If needed, enter detailed information in the Transmission Tracking Question Package*

### Public Health Interventions/Actions

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolation while symptomatic (pulmonary or pharyngeal)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemoprophylaxis or quarantine (for 7 days) of contacts, including medical personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education on rodent control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Letter sent</td>
<td>Date</td>
<td>Batch date</td>
<td></td>
</tr>
</tbody>
</table>

### TRANSMISSION TRACKING

Visited, attended, employed, or volunteered at any public settings while contagious  
- Yes
- No
- Unk

Settings and details (check all that apply)

<table>
<thead>
<tr>
<th>Setting Type (as checked above)</th>
<th>Facility Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day care</td>
<td>School</td>
</tr>
<tr>
<td>Military</td>
<td>Correctional facility</td>
</tr>
<tr>
<td>Homeless/shelter</td>
<td>Social event</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Setting</th>
<th>Start Date</th>
<th>End Date</th>
<th>Time of Arrival</th>
<th>Time of Departure</th>
<th>Number of people potentially exposed</th>
<th>Details (hotel room #, HC type, transit info, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting 1</td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
</tr>
<tr>
<td>Setting 2</td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
</tr>
<tr>
<td>Setting 3</td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
</tr>
<tr>
<td>Setting 4</td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
</tr>
</tbody>
</table>

Contact information available for setting (who will manage exposures or disease control for setting)  
- Y
- N
- Unk

<table>
<thead>
<tr>
<th>Is a list of contacts known?</th>
<th>Y</th>
<th>N</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting 1</td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
</tr>
<tr>
<td>Setting 2</td>
<td><em><strong>/</strong></em></td>
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<tr>
<td>Setting 3</td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
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<tr>
<td>Setting 4</td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
</tr>
</tbody>
</table>

*If list of contacts is known, please fill out Contact Tracing Form Question Package*

### TREATMENT

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did patient receive prophylaxis/treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specify antibiotic

- Number of days actually taken
- Treatment start date
- Treatment end date
- Prescribed dose
- g
- mg
- ml
- Frequency
- Duration
- Days
- Weeks
- Months
- Indication
- PEP
- PrEP
- Treatment for disease
- Incidental
- Other

Did patient take medication as prescribed  
- Yes
- No
- Why not

Prescribing provider

---

**Plague required variables are in **bold.** Answers are: Yes, No, Unknown to case**
## LAB RESULTS

**Lab report information**

**Lab report reviewed** – LJH 

WDRS user-entered lab report note

**Submitter**

Performing lab for entire report 

Referring lab 

**Specimen**

**Specimen identifier/accession number**

**Specimen collection date** __/__/__  **Specimen received date** __/__/__

**WDRS specimen type**

**WDRS specimen source site** ________________________

**WDRS specimen reject reason**

**Test performed and result**

**WDRS test performed**

**WDRS test result, coded**

**WDRS test result, comparator**

**WDRS result, numeric only** (enter only if given, including as necessary **Comparator** and **Unit of measure**) ______

**WDRS unit of measure**

**Test method**

**WDRS interpretation code**

**Test result – Other, specify**

**WDRS result summary**

- Positive
- Negative
- Indeterminate
- Equivocal
- Test not performed
- Pending

**Test result status**

- Final results: Can only be changed with a corrected result
- Preliminary results
- Record coming over is a correction and thus replaces a final result
- Results cannot be obtained for this observation
- Specimen in lab; results pending

**Result date** __/__/__

**Upload document**

**Ordering Provider**

**WDRS ordering provider**

**Ordering facility**

**WDRS ordering facility name**

---

Plague required variables are in **bold**. Answers are: Yes, No, Unknown to case