Unexplained Critical Illness or Death

Report Source

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Reporter (check all that apply)
- Lab
- Hospital
- HCP
- Public health agency
- Other

OK to talk to case?
- Yes
- No
- DK

Date of interview

Patient Information

Name (last, first)

Address

City/State/Zip

Phone(s)/Email

Alt. contact
- Parent/guardian
- Spouse
- Other

Name:

Zip code (school or occupation):

Occupation/grade

Employer/worksite

School/child care name

Clinical Information

Onset date

Diagnosis date

Illness duration

Signs and Symptoms

Y N DK NA
- Fever
  - Highest measured temp (°F):
    - Oral
    - Rectal
    - Other:

Predisposing Conditions

Y N DK NA
- Preexisting medical condition which may have contributed to current illness or death
  - Prevalently healthy
  - Immunosuppressive therapy or disease
  - Spleen removed (asplenic)
  - Chronic diabetes
  - Chronic heart disease
  - Chronic kidney disease
  - Chronic liver disease
  - Chronic lung disease
  - Cancer, solid tumors, or hematologic malignancies

Clinical Findings

Y N DK NA
- Encephalitis or encephalomyelitis
- Meningitis
- Meningoencephalitis
- Myocarditis
- Respiratory failure
- Liver abnormality or failure
- Leukocytosis (>15,000)
- Acute CNS event
- Botulism-like syndrome
- Paralysis or weakness
  - Acute flaccid paralysis
  - Asymmetric
  - Symmetric
  - Ascending
  - Descending
- Endocarditis
- Pericarditis or pericardial effusion
- Respiratory infection
- Type:
- Gastrointestinal symptoms
- Hepatitis

Clinical Findings (cont’d)

Y N DK NA
- Rash observed by health care provider
  - Rash Distribution:
    - Generalized
    - Localized
    - Macular
    - Papular
    - Pustular
    - Vesicular
    - On palms and soles
    - Bulous
    - Other:
  - Regional lymphadenitis
  - Hemorrhagic signs
  - DIC
  - Sepsis syndrome
  - Shock
  - Mechanical ventilation or intubation required during hospitalization
  - Histopathologic evidence of an acute infectious process
  - Was a final diagnosis made?
  - Final diagnosis:

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

Y N DK NA
- Autopsy
- Place of death

Laboratory

P N I O NT
- Preliminary testing has revealed a cause for illness or death

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

DOH 210-051 (Rev. 7/25/14)
### EXPOSURE

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**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**

**Congregate living**
- Barracks  ☐  Corrections  ☐  Long term care  ☐
- Dormitory  ☐  Boarding school  ☐  Camp  ☐
- Shelter  ☐  Other: ____________________

**Any contact with animals at home or elsewhere**
- Wildlife or wild animal exposure  ☐

**Insect or tick bite**

- Deer fly  ☐  Flea  ☐  Mosquito  ☐
- Tick  ☐  Louse  ☐  Other: ________________

**Unknown insect or tick type**

**Location of insect or tick exposure:** ___________

**Date of exposure:** ________________

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

- Invasive procedure  ☐  Description: ________________

**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

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**Potential bioterrorism exposure**

### PUBLIC HEALTH ACTIONS

- ☐ Any public health action, specify: ________________

### NOTES

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

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

Unexpl. Crit. Illness or Death: case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked /Not answered